DESIGN BRIEFING SYSTEM
NOTEBOOK

DBS 35

MC0318

Accommodation for People with Acute Mental Illness

DEPARTMENT OF HEALTH
and the WELSH OFFICE

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Design Briefing System

Accommodation for People with Acute Mental Illness

This Design Briefing System (DBS) document should be used in conjunction with Health Building Note No. 35, Accommodation for People with Acute Mental Illness. It is essentially a notebook for recording decisions at project team meetings when formulating user requirements for a design brief. All members of the project team will require their own copies.

Copies of DBS documents are published with each Health Building Note and are available from HMSO bookshops and agents (see Yellow Pages) or through any good bookshop. In case of difficulty write to:—

HMSO Books (P9D),
St. Crispins, Duke Street,
NORWICH, NR3 1PD

Further information on the use of DBS can be obtained from:–

Department of Health
Room 503, Euston Tower,
London, NW1 3DN

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OF NORTH LONDON

Introduction

1. The preparation of design briefs for health buildings can be simplified by using a briefing aid produced by the Department of Health. Called Design Briefing System (DBS), it is published in notebook form with each new Health Building Note (HBN). DBS helps project teams to identify user requirements in a logical well-considered manner.

2. What DBS provides

The system adopts a disciplined check list approach, identifying the planning decisions which need to be made by the project team. The format of DBS is as follows: a portion of the text of the associated HBN is reproduced on the left hand page. On the facing right hand page, a sequence of options implied by the text are set out in such a way that they may easily be marked for acceptance, modification or rejection. The use of DBS ensures that, for example—

—in a sequence of decisions, none is overlooked;
—other options may be added if necessary;
—earlier decisions are indentified so that they may easily be recaptured when associated topics are under consideration;
—during refinement of the brief, the implications of modifications which may affect and therefore prompt reconsideration of earlier decisions, may easily be checked;
—members of the team can review the questions next due for consideration and thus ensure that they are fully informed before the meeting; this has been found to be of great organisational and psychological benefit;
—members of the project team can make their own record of decisions in the document itself mostly by ticking options, or entering additional text in the appropriate place. This means that there is a clear, up to date record of agreed decisions which can easily be identified, as they are not embedded in a mass of minutes not of immediate relevance.

The brief is then typed directly from a Master DBS document, supplemented where necessary with information from project team minutes.

3. Using DBS encourages project teams to consider the compatibility of decisions in a systematic and logical manner, thereby preparing a brief containing adequate detail of the user requirements. This should help to improve those areas in which some past designs have been deficient. For example, the provision of inadequate access or space; inadequate storage facilities.

4. DBS is primarily concerned with the detailed briefing stage of a project – preparation of the client/user contribution to a comprehensive design brief. In addition to providing information to the designer, the brief is useful at the commissioning stage, and for evaluation when the building has been in use for a period.

5. The use of DBS enables client/user requirements to be stated clearly and concisely by the project team, not only in respect of accommodation, but also how that accommodation is to be used. Furthermore, as mentioned previously, during refinement of the brief, use of DBS enables a check to be made on the implications of modifications resulting from previous client/user decisions, ie it establishes a systematic data chain which can be referred to if at some subsequent stage it is necessary to trace back the reason for decisions. It must be borne in mind, however, that DBS options are not costed, and while providing the cost planner with earlier and more detailed information regarding the client/user requirements, DBS in itself does not assist in matching these with the money available.

6. DBS Documents are intended to be used as an aide memoire in conjunction with the associated Health Building Note and other guidance issued by the Department, and should not be regarded as taking the place of such guidance.

HOW TO USE THIS DOCUMENT

7. Using the document effectively

There are two parts to the document. The first part requires decision to be taken, lists the options available, and includes extracts of relevant guidance from the Health Building Note. The second part lists activity spaces (or rooms) from which a selection can be made based on decisions recorded in the first part.

8. Flexible use

Above all, the system should be used flexibly. Although the document anticipates the planning decisions which need to be considered, and carefully phrases the choices so that the design brief can be prepared directly from the document, the project team can add other decisions, options, and notes, or change the phrasing of existing ones to suit the project's requirements.

9. Distribution

A copy of this document should be given to each member of the project team well before the first meeting where it is to be used. A master copy should be held by the project team secretary to record agreed decisions from which the brief is prepared.

10. Planning the meetings

Each member of the project team should read their copy of the DBS document, and the associated Health Building Note, before the first planning meeting. This gives an overall view of the planning decisions which have to be made and helps to place the sequence of the decisions discussed at meetings in the right context.

The document can be used also, especially by the secretary or chairman of the team, to prepare the agenda of meetings and to arrange in advance for the attendance (or at least the views to be obtained) of representatives of specialist users (eg dentists, pharmacists, domestic services manager) when a particular service is being discussed.

11. Between meetings
Individual project team members can be assigned tasks relating to specific parts of the document to consider between meetings. This feature can be used to obtain relevant information, to stimulate and focus attention on necessary fact-finding studies. It also highlights groups of decisions for members to work on, individually or in consultation with colleagues or other specialists.

12. Members' record of meetings
Each member of the project team should record in their own copy of the DBS document the decisions agreed at meeting so that:

a) a clear, immediate record of agreed decisions is taken away from each project meeting, rather than having to wait for meeting minutes (which have not been confirmed and may not always reflect accurately the decisions made);

b) one continuous record of up-to-date decisions is held by each team member rather than having records of decisions taken (and often revised) at various times embedded in a series of minutes (which may, in turn, be inaccurate).

13. This feature is especially important (at or outside the project meetings) when considering decisions which may have been amended by decisions made previously, and when checking that any interim or draft design brief accurately reflect the latest agreed decisions. If members are absent from a particular meeting then arrangements must be made for them to update their own DBS document.

14. Meeting minutes
Minutes need only concentrate on the background leading up to the decisions made (and recorded in the DBS document) at project team meetings. If it is decided that parts of the minutes should be included in the client brief as supporting information, a note should be made alongside the relevant parts of the minutes which are to be added to the brief.

15. Cross-referencing
This is explained in detail in paragraph 26. It enables decisions to be cross-checked and is an important feature especially in helping to review the implications of revising decisions made at previous meetings.

16. Design brief content
The primary aim of the brief prepared from this document is to record the client/user requirements for a health building. The brief should be as unequivocal as possible to enable the design team to interpret their requirements into a design.

17. In addition, the brief will contain background information for designers and provide the basis for the commissioning and evaluation of the building. The organisational decisions included in DBS documents form an important aspect of this. The project team may decide also to include some extra background information from meeting minutes and this should be carefully noted in the Master DBS document.

18. Any brief (whether interim or complete) should be prepared directly from the Master DBS document (with supporting parts of minutes included as notes). This helps to ensure that the draft is as up-to-date and as complete as possible. It is also easier for all members of the team to check its accuracy. The draft can then be agreed and edited before issue outside the project team.

AN EXAMPLE OF PART OF A BRIEF TYPED FROM ONE PAGE OF A DBS DOCUMENT IS REPRODUCED AS AN APPENDIX

19. Preparation of Part 2
Part 1 should be complete before selecting the detailed accommodation required (activity spaces) in Part 2. The secretary or chairman of the team can use Part 2 to ensure that a thorough check is carried out of the detailed implications of planning decisions recorded in Part 1. The choice of activity spaces and data sheets in draft form can then be made by a small sub group of the planning team for subsequent ratification by the full team.

20. Use after the brief is prepared
The Master copy of this completed document should be retained (and kept up-to-date with all changes) as part of the project documentation after the design brief has been agreed, so that:

a) any subsequent changes in the brief or design which may be necessary during the project design stage can be fully checked out for their implications using the cross-referencing features of the DBS document;

b) it forms the basis for preparing operational manuals, initialising training programmes, etc during commissioning;

c) a true evaluation can be made between the completed building and the intentions recorded in the design brief;

d) when considering any future building changes, upgrading or project phases, this DBS document (together with any other DBS documents for the project) is readily available to help ensure that new planning decisions are compatible with existing accommodation that has already been planned (but not yet built).

COMPLETION OF THE DOCUMENT

It is intended that the DBS document should be used as notebook in which each project team member can record the options selected at project team meetings, in addition to any other relevant background notes or information.

21. Content
The planning decisions in this document are structured as follows:

a) **General Philosophy and Considerations,** which is a summary of general philosophy of the service provided and general points that require consideration;

b) **Scope of Service and Workload,** which sets out the scope of service provided and its workload;

c) **Locational Relationships,** with other areas of the hospital;

d) **Organisation of Service,** which sets out detailed operational policy decisions under several subheadings. Planning decisions in this section have a direct implication on one or more of the following:

(i) Design, ie affect the type and quantity of the detailed facilities to be provided;
(ii) Operational policy, ie state operational procedures or staffing decisions which can be used as a reference point for commissioning or evaluation.

e) **General Design Requirements,** which state any overriding requirements which are not specified elsewhere in the design brief.

22. Presentation of information
Except for the introductory section – General Philosophy – all sections of the DBS document contain a set of options/planning decisions (shown on the right hand pages) together with extracts of any relevant planning guidance material (shown on the left hand pages), opposite the appropriate options/decisions.

23. Guidance
The primary objective of the portions of guidance material on the left hand page is to remind the project team of the appropriate section of the Health Building Note which must be taken into account before specific options on the opposite page are selected.

24. Paragraphs of guidance dealing with cost effectiveness are highlighted in bold type, to alert the project team to the capital and running cost implications of certain decisions.

25. Planning decisions
For most planning decisions a set of possible options is shown. Some of these may be predetermined, eg because there is no alternative; compatibility with whole hospital policies. The project team select the appropriate option by ticking within the square brackets alongside. Where appropriate their choice can be quantified, or they can enter other decisions, options or further information to be included in the brief.

26. A simple referencing system is incorporated which allows cross-checking for compatibility of decisions made. The reference relates to the page No. (top left-hand corner) and the 'REF' column letter. For example, on page 20 of this DBS document 'Accommodation for people with acute mental illness', under reference 'C'–Meals will be provided (d) by plated meals service; the unique reference for this option if selected is 20C(d), to which can be added the generic code for that DBS document 'PSY', making in all PSY20C(d).

27. The reference in the 'EARLIER DECISION' columns (which are already printed in the document) may be used in a number of ways:

—to check when making a decision that previous decisions are compatible;
—to check all the relevant consequences of doing so when proposing to change a decision.

Earlier decision	Ref	
	A	The acute units districts will need to provide, form only a part of the total range of facilities required for a district mental health service. Services for mentally ill people are in a state of rapid development, with wide ranging philosophies of care; increasing emphasis on primary and community based care, out patient and day patient treatment; and co-ordinated services with local authorities and other organisations. There are thus big differences between districts in the amount and type of accommodation required. (Extracted from HBN para. 1.1.) The guidance in the Building Note is based upon the general principles of the White Paper "Better Services for the Mentally Ill" and the mental illness policy paper (reproduced as Appendix I of the Building Note). It is essential that health authorities make a careful detailed assessment of need and decide upon the way they wish to pursue meeting that need (the 'philosophy of care'). The principal factor is the development of community based services largely on a district basis. Other factors which affect planning include the current policies for hospital provision and co-ordination with local authorities and other organisations. These factors markedly affect the need for hospital accommodation. (HBN para. 2.1.)

2. SCOPE OF SERVICE AND WORKLOAD

Earlier decision | Ref

2. SCOPE OF SERVICE AND WORKLOAD

A The estimated population (for planning purposes) covered by the district service will be:

- 19__ - _____
- 19__ - _____
- 19__ - _____

B The estimated age grouping of this population will be:

		0-14	15-24	25-44	45-64	65-75	75+
19__	male	____	____	____	____	____	____
	female	____	____	____	____	____	____
	TOTAL	_____					
19__	male	____	____	____	____	____	____
	female	____	____	____	____	____	____
	TOTAL	_____					
19__	male	____	____	____	____	____	____
	female	____	____	____	____	____	____
	TOTAL	_____					

2 SCOPE OF SERVICE AND WORKLOAD (contd.)

The assessment and short-term treatment facility for elderly mentally ill people must be provided on the site of a DGH as the assessment of elderly people requires the use of other hospital departments and direct liaison with the geriatric department.
(HBN, para. 2.4)

The unit for mentally ill adults provides a service for patients requiring admission for assessment and short-term treatment. It is not intended that "new long-stay" or "old long-stay" patients should be accommodated here as in-patients. The unit should be easily accessible to the community it serves and functionally related to the DGH, though it could be located elsewhere in the district, if this is thought desirable or feasible.
(HBN, para. 2.3)

Earlier decision | Ref

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

A The accommodation provided for the adult acute mentally ill will include:
(a) a day hospital [ ]
(b) in-patient wards [ ]
(c) electro-convulsive therapy [ ]
(d) out-patient accommodation [ ]
(e) administration [ ]
(f)

B The accommodation provided for the elderly with mental illness will include:
(a) day hospital [ ]
(b) in-patient assessment and short-term treatment ward [ ]
(c)

C Paramedical services provided will include:
(a) clinical psychology [ ]
(b) physiotherapy [ ]
(c) occupational therapy [ ]
(d) social services [ ]
(e)

SPECIFIC EXCLUSIONS

D The unit will not provide special facilities for:
(a) long-stay adult patients [ ]
(b) long-stay elderly patients [ ]
(c)

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

The units for both mentally ill adults and elderly people with mental illness will normally comprise day hospitals with supporting wards and out-patient facilities. The number of beds required will need to be established by each Health Authority, as will day and out-patient facilities, which are likely also to be established at a number of locations about the district. These services for diagnosis, treatment and rehabilitation must have a base for management and organisation. For adults, this might be in the mental illness unit (see Chapter 3) or be elsewhere in the district. The base from which the services for elderly mentally ill people is organised and managed could be the assessment and short-term treatment unit which is part of the DGH, or associated with the geriatric department, or be separate from both. Both bases will be focal points for specialist therapeutic teams providing service and advice generally to the district. (HBN, para. 2.5)

Experience has shown that very few adult in-patients will need to remain in their wards during the day. They will nearly all be mobile and able to leave the ward to spend the day in a day hospital or elsewhere as part of their treatment programmes. (HBN, para. 2.8)

Where wards are functionally integrated with the day hospital(s) the dining, sitting and recreation facilities in the day hospital(s) can be used by in-patients in the evening and at the weekend. This has significant implications for organisation as well as design, blurring as it does, the spatial distinction between ward and day hospital. This type of ward is defined as a 'bed-annex' ward. (3.10) The way this complex set of spaces is to be managed will need careful, detailed discussion and agreement. (HBN, para. 2.9)

It may be decided that some patients will need the facilities of a 'self-contained' ward (3.10). The increased capital and revenue consequences of such provision will need to be borne in mind when they are considered by project teams as will the implications in sizing day hospital provision, to prevent unnecessary duplication of services and facilities. (HBN, para. 2.10)

Earlier decision | Ref

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

A Day hospitals will be provided for:
(a) adult in-patients [ ]
(b) elderly in-patients [ ]
(c) adult day patients [ ]
(d) elderly day patients [ ]
(e)

B On average day patients will attend:
(a) _____ sessions a week (a session being defined as an attendance for a half-day) [ ]
(b)

C Approximately _____% of in-patients at any time are expected to be too ill to attend the day hospital [ ]

D The day hospital(s) will normally be open for day patients:
(a) _____ days a week [ ]
(b) from _____ until _____ hours [ ]
(c)

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

Some of the main features of the Note are:

a. It reflects the need for a wide range of sizes and mixes of day patient and in-patient hospital accommodation.

b. It is based on the policy that, for adults who are acutely mentally ill and require in-patient care, the minimum provision in a mental illness unit should be two wards*; together with a day hospital** (HBN, Chapter 3); and for elderly mentally ill people, one ward for in-patients for assessment and short-term treatment and a day hospital. (HBN, Chapter 5)

c. An incremental approach is adopted in this Note, which enables a Health Authority to provide accommodation in the context of its philosophy of care and consequent requirements for accommodation. A day hospital size range of 10-40 places (in increments of 10 places), and a ward size range of 10-25 beds (in increments of 5 beds) have been considered: facilities for out-patients, administration and ECT are considered as district functional units.

d. To prevent duplication and ensure intensive use of spaces provided in day hospitals, and wards, careful attention is given to the integration of ward and day hospital facilities. Thus, accommodation is indicated for a variety of therapeutic activities in the day hospital which is used in the evening and at the weekend by in-patients and others. Assessment and short-term treatment units will not need fully equipped workshops. (4.8)
HBN, para. 1.3)

* The term 'ward' as used in the building note means the accommodation (bedrooms, any day spaces, service spaces) for a group of patients normally the responsibility of a sister/charge nurse; it does not denote any particular layout. To prevent confusion, patients' bed areas are referred to as 'multi-bed rooms' or 'single bed rooms'.

** The term 'day hospital' may not now be entirely appropriate, but is well understood and is useful to retain for this Note although developments are known to be taking place.

Earlier decision | Ref

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

A The acute adult in-patient ward(s) will provide facilities for:
(a) the admission, assessment, diagnosis, treatment and rehabilitation of patients with mental illness [ ]
(b)
(c)

B Elderly patients who will be admitted to the ward(s) for assessment, and short-term treatment will include:
(a) patients with the specific mental illnesses of old age [ ]
(b) elderly people with acute mental illness [ ]
(c)

3. SUMMARY OF PROVISION

The units for both mentally ill adults and elderly people with mental illness will normally comprise day hospitals with supporting wards and out-patient facilities. The number of beds required will need to be established by each Health Authority, as will day and out-patient facilities, which are likely also to be established at a number of locations about the district. These services for diagnoses, treatment and rehabilitation must have a base for management and organisation. For adults, this might be in the mental illness unit (See HBN 35, Chapter 3) or be elsewhere in the district. The base from which the services for elderly mentally ill people is organised and managed could be the assessment and short-term treatment unit which is part of the DGH, or associated with the geriatric department, or be separate from both. Both bases will be focal points for specialist therapeutic teams providing service and advice generally to the district. (HBN, para. 2.5)

To ensure that there is no over-provision of new accommodation, project teams should first evalute the utilisation of similar existing facilities in relation to their workload and staffing. Furthermore, new building should initially be limited to the necessary minimum, so as to facilitate the development of a comprehensive, community based service. Additional accommodation can be considered as this develops and is shown to be needed. It is to this end that an incremental approach is adopted in this building note. (HBN, para. 2.6)

WARDS

As indicated in paragraph 3.10 of HBN 35, two types of ward are defined - those functionally integrated with a day hospital, 'bed-annex wards' and self-contained wards'.

a. Bed-annex wards provide sleeping accommodation in single and multi-bedrooms, as required. Patients will retain personal belongings in their bed areas. Bedrooms will be grouped with WCs, bathrooms, utility rooms, staff bases etc, with perhaps a small quiet room (which may also be used for dining), for a few patients who are too ill to use the day hospital facilities.

b. Self-contained wards, which will require dining, sitting, and therapy spaces, together with a pantry, for most of the patients.

(HBN, para. 4.18)

Earlier decision	Ref	3. SUMMARY OF PROVISION
3,4	A	Day hospital facilities for adult acute mentally ill people will include: (a) a _____ place day hospital, sited _____ (b) a _____ place day hospital, sited _____ (c)
3,4	B	For the elderly with mental illness: (a) a _____ place day hospital [ ] (b)
2,3,5	C	For adult acute mentally ill the number of in-patient beds to be provided will be: _____
	D	And these will be provided as: (a) _____ bed-annex wards of _____ beds (b) _____ self-contained wards of _____ beds (c) _____ self-contained wards of _____ beds for elderly people with mental illness
	E	Each _____ bed-annex ward will comprise: (a) one special single room (b) _____ single rooms (c) _____ single room connected to a domestic bathroom (d) _____ 4-bed rooms (e) _____ 5-bed rooms self-contained (f)
	F	Each _____ bed self-contained ward will comprise: (a) one special single room (b) _____ single rooms (c) _____ single room connected to a domestic bathroom (d) _____ 4-bed rooms (e) _____ 5-bed rooms (f)
	G	An ECT suite will be: (a) provided [ ] (b)

3. SUMMARY OF PROVISION (contd.)

OUT-PATIENTS ACCOMMODATION

It is for a health authority to decide whether the out-patients accommodation for mentally ill people should be a part of the main OPD of the DGH or elsewhere. This Note describes out-patient facilities within the mental illness accommodation, as it appears on balance that this approach best meets the needs of mentally ill people for the ambience of a smaller, specifically organised, service. (HBN, para. 3.17)

Paragraphs 4.46 and 4.47 describe the functional spaces, and two sizes are considered in Chaper 9. It is possible and may be desirable to have accommodation at more than one location within the district. (HBN, para. 3.18)

ADMINISTRATION

The accommodation will need to be a focus for the disciplines delivering this service, which include medical, nursing, community psychiatric nursing, psychology, remedial therapies, social work and their associated secretarial and support services. Paragraph 4.48 describes the functional spaces needed and two sizes are considered in Chaper 9. (HBN, para. 3.20)

Earlier decision	Ref	3. SUMMARY OF PROVISION (contd.)
3A	A	Out-patient facilities will be provided: (a) within the unit [ ] (b) within the main out-patient department [ ] (c)
3C	B	And the number of doctor sessions required, per week, is estimated to be: psychiatric _____ psychology _____
	C	Administration services for the district psychiatric services will be based: (a) within the unit [ ] (b)

4. LOCATIONAL RELATIONSHIPS WITH OTHER AREAS

A district will need accommodation at a number of locations within the community. This will include for example community based day hospitals and/or mental health resource centres of various sizes offering local bases for the mental health services and community psychiatric nursing service which will link with primary health care services, and residential accommodation for long-stay patients.
(HBN, para. 3.4)

When siting mental illness units, with in-patient accommodation the following factors should be taken into account:

a. If the unit is on a DGH site, it should be planned as a functionally self-contained unit, with easy access to catering and other service and diagnostic/treatment departments. It should also have a separate entrance.

b. It is essential that the mental illness unit, if located on a DGH site, has direct access on to usable open space.

c. The possibility should be considered of using facilities outside the unit, if located as part of the DGH complex, (eg hospital chapel, staff changing and staff dining), or those in the immediate community (eg playing fields, local parks).

d. The whole accommodation should be at ground level, if possible. The day hospital should always be on the ground floor, although wards may be on the first floor. If two-storey accommodation is provided a lift or lifts will be required.

e. There should be adequate space for parking and manoeuvring of vehicles, especially in relation to the day hospital.

f. Fire fighting and evacuation routes.
(HBN, para. 3.5)

Patients for admission will arrive at the unit entrance by ambulance, by car, or on foot, at any time; a few patients will be transferred from the DGH Accident and Emergency Department or other in-patient accommodation. Day patients will arrive at peak times in the morning and early afternoon, leaving at lunch-time or at the end of the afternoon. Evening use of the day hospital should be encouraged and planned for. Out-patients may arrive and leave at varying times. Professional and other visitors will attend throughout the week: adequate parking space for them is most important.
(HBN, para. 3.6)

Earlier decision | Ref

4. LOCATIONAL RELATIONSHIPS WITH OTHER AREAS

A The unit should be designed as:
(a) self-contained attached to the DGH [ ]
(b) a separate building on the DGH site [ ]
(c) a separate building off the DGH site [ ]
(d)

B When siting the unit the following factors should be taken into account:
(a) patients should be able to see everyday outside activities and see and make use of outdoor space [ ]
(b) adequate space will be required for parking and manoeuvring vehicles [ ]
(c) the accommodation for elderly people with mental illness should be close to the geriatric accommodation to facilitate joint assessment [ ]
(d) noisy evening social activities should not cause disturbance to other parts of the hospital [ ]
(e) patients should not be able to wander into other hospital departments [ ]
(f)

C Access will be required to and from the unit and:
(a) the main hospital complex [ ]
(b) some diagnostic and therapeutic departments [ ]
(c) central kitchens and wash-up [ ]
(d) the main road [ ]
(e) supply and disposal facilities [ ]
(f) administration (main hospital) [ ]
(g) an outside area or garden [ ]
(h)

D Access and parking facilities will be required for:
(a) ambulance(s) [ ]
(b) patients' and escorts' cars [ ]
(c) disabled persons' vehicles [ ]
(d) staff [ ]
(e) supply vehicles [ ]
(f) emergency services [ ]
(g)

E The accommodation should be sited:
(a) entirely at ground floor level [ ]
(b)

4. LOCATIONAL RELATIONSHIPS WITH OTHER AREAS (contd.)

Earlier decision	Ref	4. LOCATIONAL RELATIONSHIPS WITH OTHER AREAS (contd.)
8	A	The order of priority for planning the adult acute mental illness accommodation near other areas of the hospital is: (INDICATE PRIORITIES IN NUMERICAL ORDER) (a) main access road/parking _____ (b) accident and emergency department _____ (c) central kitchen and wash-up _____ (d) out-patients department _____ (e) supplies area, including linen _____ (f) pharmacy _____ (g) central disposal area _____ (h) hospital chapel _____ (i) central staff changing _____ (j)
	B	The order of priority for planning the accommodation for the elderly with mental illness near other areas of the hospital is: (INDICATE PRIORITIES IN NUMERICAL ORDER) (a) main access road/parking _____ (b) accident and emergency department _____ (c) central kitchen and wash-up _____ (d) out-patients department _____ (e) supplies area, including linen _____ (f) pharmacy _____ (g) central disposal area _____ (h) hospital chapel _____ (i) central staff changing _____ (j) department of geriatric medicine _____ (k) adult acute mental illness unit _____ (l)

5.1 MAIN ENTRANCE, RECEPTION & WAITING

Patients for admission will arrive at the unit entrance by ambulance, by car, or on foot, at any time; a few patients will be transferred from the DGH Accident and Emergency Department or other in-patient accommodation. Day patients will arrive at peak times in the morning and early afternoon, leaving at lunch time or at the end of the afternoon. Evening use of the day hospital should be encouraged and planned for. Out-patients may arrive and leave at varying times. Professional and other visitors will attend thoughout the week: adequate parking space for them is most important. (HBN, para. 3.6)

ADULT PEOPLE WITH ACUTE MENTAL ILLNESS (ACUTE MENTAL ILLNESS UNIT)
5. SHARED FACILITIES 5.1 ENTRANCE, RECEPTION AND WAITING

Earlier decision	Ref	
	A	One main entrance to the adult acute mental illness unit will be required for:
8A		(a) patients attending the day hospital [ ]
		(b) in-patient admissions [ ]
		(c) out-patients [ ]
		(d) staff [ ]
		(e) visitors [ ]
		(f)
	B	The main entrance will require:
8D		(a) an external canopy (of adequate height for an ambulance with aerial) [ ]
		(b) a ramp suitable for a patient on a stretcher trolley or in a wheelchair [ ]
		(c) a bell push/intercom entry system [ ]
		(d) a draught lobby [ ]
		(e) an effective barrier zone against dirt and moisture from the outside [ ]
		(f)
	C	Patients may arrive:
8D		(a) on foot [ ]
		(b) in wheelchairs [ ]
		(c) on a stretcher trolley [ ]
		(d)
	D	And may be accompanied by:
		(a) friends or relatives [ ]
		(b) escorts [ ]
		(c) nursing staff [ ]
		(d) ambulance staff [ ]
		(e) social worker [ ]
		(f)
	E	Patients may be transferred from the following departments:
		(a) accident and emergency [ ]
		(b) in-patients accommodation [ ]
		(c) out-patients [ ]
		(d) discrete day hospital [ ]
		(e)
	F	The time of patients arrival will normally be:
		(a) for admission, at any time [ ]
		(b) day patients - at pre-determined times, morning and afternoon [ ]
		(c) out-patients - between 09.00 and 15.30 [ ]
		(d)

5.1 MAIN ENTRANCE, RECEPTION & WAITING (contd.)

Earlier decision	Ref	5.1 ENTRANCE, RECEPTION AND WAITING (contd.)
	A	A second entrance will be needed:
8D		(a) for supply and disposal purposes, with appropriate security arrangements [ ]
		(b) for day patients attending the day hospital [ ]
		(c)
	B	Facilities required at the main entrance will include:
		(a) a reception area [ ]
10C		(b) a waiting area [ ]
		(c) trolley/wheelchair parking [ ]
		(d) storage facilities for outdoor clothes/personal possessions [ ]
		(e) WCs [ ]
		(f)
	C	The reception of in-patients and day patients will take place:
		(a) at a counter overlooking the entrance [ ]
		(b)
	D	The waiting area may be used by:
		(a) patients [ ]
		(b) escorts [ ]
		(c) visitors [ ]
		(d)
	E	Facilities will be required in the waiting area:
		(a) for a public telephone [ ]
		(b) for beverages [ ]
		(c)

5.1 MAIN ENTRANCE, RECEPTION & WAITING (contd.)

Earlier decision	Ref	5.1 ENTRANCE, RECEPTION AND WAITING (contd.)
	A	Day hospital patients' clothes and other possessions will be left in:
11B		(a) a bay close to main reception [ ]
		(b) a room close to main reception [ ]
		(c)
	B	This area will require:
		(a) clothes hanging facilities [ ]
		(b) a small number of lockers to provide security when requested [ ]
		(c)
	C	WC facilities will be used by:
		(a) patients [ ]
		(b) visitors [ ]
11D		(c) various, including disabled, persons [ ]
		(d)
	D	If the building has more than one floor a lift will be required for:
		(a) the transport of patients on stretchers, in wheelchairs or those unable to use stairs [ ]
		(b) food trolleys [ ]
		(c) supply of goods and disposal [ ]
		(d)
	E	The lift should:
		(a) not be key-operated [ ]
		(b) be fitted with a communications link to a manned area [ ]
		(c)

5.2 MEDICAL RECORDS/CLERICAL FACILITIES

Earlier decision	Ref	5.2 MEDICAL RECORDS/CLERICAL FACILITIES
11C	A	The documentation of patients will take place: (a) in a quiet bay adjacent to reception [ ] (b) and will be carried out by: (c) (d)
	B	Medical records should be securely stored: (a) in a lockable room, adjacent to reception [ ] (b)
	C	The type of filing system used will be: (a) lateral filing on shelves [ ] (b) carousels [ ] (c) filing cabinets [ ] (d)
	D	Records will be stored in the department for: (a) two years [ ] (b)
2	E	The number of records to be stored is estimated as: (a) in 19__ - _____ (b) in 19__ - _____ (c) in 19__ - _____ (d) in 19__ - _____
	F	Records will be held for a further: (a) _____ years in _____ (b) _____ (SPECIFY)
	G	Space will also be required in the medical records office for: (a) a master index [ ] (b) a labelling system [ ] (c) clerical work [ ] (d) duplicating [ ] (e)

6. DAY HOSPITAL 6.1 ENTRANCE, RECEPTION & RECORDS

Where the day hospital is part of an in-patient unit it should be adjacent to, and functionally integrated with, the bed-annex ward or wards and associated with any self contained ward. (3.10) Most in-patients from bed-annex wards will be in the day hospital throughout the day and will use day hospital accommodation in the evening and weekend outside the normal working hours of therapy staff, taking meals in the day hospital dining area, as will any day patients. Districts will need to decide to what extent day patients should be separated from in-patients. (HBN, para. 3.7)

Thus, day hospitals should be designed with a multiplicity of relatively small areas which are capable of varied use. Rooms will be required for therapy staff, who will include:

a. Occupational therapists, who will require provision for "activities of daily living" facilities.

b. Physiotherapists, who will require facilities for group and individual assessment and treatment.

c. Other groups of staff who will be conducting individual and group therapeutic activities.

Dining, sanitary and domestic facilities appropriate to the size and function of the day hospital will also be required.
(HBN, para. 3.8)

ADULT PEOPLE WITH MENTAL ILLNESS (MENTAL ILLNESS UNIT)
6. DAY HOSPITAL 6.1 RECEPTION AND RECORDS

Earlier decision	Ref	
10F	A	The peak times for arrival and departure of patients attending the day hospital will be between: (a) 09.00 and 10.00 [ ] (b) 15.30 and 17.00 [ ] (c)
	B	Patients will arrive: (a) by ambulance [ ] (b) by car [ ] (c) on foot [ ] (d)
	C	Patients may be accompanied by: (a) escorts [ ] (b) relatives [ ] (c) nursing staff [ ] (d) ambulance staff [ ] (e) social worker [ ] (f)
	D	The majority of patients will be ambulant [ ]
10A 11C	E	Patients attending the day hospital will report to: (a) the main reception [ ] (b) a member of staff [ ] (c)
13B	F	Medical records will be kept: (a) in the medical records store [ ] (b) (c) with each day's patients records withdrawn and returned at the beginning and end of each session [ ] (d)
	G	Patients medical records for emergency/night admissions will be compiled: (a) at the main reception [ ] (b) in the day hospital [ ] (c)
11B	H	Patients will use the waiting area and cloakroom facilities: (a) adjacent to the main reception [ ] (b)

6.2 DAY HOSPITAL ACTIVITIES

Where the day hospital is part of an in-patient unit it should be adjacent to, and functionally integrated with, the bed-annex ward or wards and associated with any self-contained ward. (See HBN, para. 3.10) Most in-patients from bed-annex wards will be in the day hospital throughout the day and will use day hospital accommodation in the evening and weekend outside the normal working hours of therapy staff, taking meals in the day hospital dining area, as will any day patients. Districts will need to decide to what extent day patients should be separated from in-patients. (HBN, para. 3.7)

Thus, day hospitals should be designed with a multiplicity of relatively small areas which are capable of varied use. Rooms will be required for therapy staff, who will include:

a. Occupational therapists, who will require provision for "activities of daily living" facilities.
b. Physiotherapists, who will require facilities for group and individual assessment and treatment.
c. Other groups of staff who will be conducting individual and group therapeutic activities.

Dining, sanitary and domestic facilities appropriate to the size and function of the day hospital will also be required. (HBN, para. 3.8)

Forum (informal sitting)
This is a sitting space contiguous with, but not part of, the circulation route, if possible, adjacent to the staff office so that it can also be used as an informal waiting space. Its prime use is as an informal meeting place for patients and staff. There is an advantage in planning this place adjacent to the dining room and the pantry/kitchen. (HBN, para. 4.5)

Sitting room
This should be sited adjacent to the dining room so that the two can be combined for community meetings and social activities such as dancing and films. The room should be attractively decorated and furnished in a homely style. Patients will relax here between their programmed treatment sessions, after meals when taking tea or coffee, and it will be used by in-patients in the evenings and at weekends. (HBN, para. 4.4)

Quiet room
A small room where patients may relax in peace and quiet is required. It should have a variety of comfortable chairs and may also be used for group therapy. This room will also be used by in-patients in the evenings and at weekends. (HBN, para. 4.6)

Earlier decision	Ref	6.2 DAY HOSPITAL ACTIVITIES
4	A	The day hospital will require facilities for: (a) assessment, diagnosis and treatment of individual patients [ ] (b) therapeutic treatment of in-patients [ ] (c) treatment, including individual and group therapy of patients after discharge from in-patient accommodation [ ] (d) occupational therapy, including activities of daily living, hobbies and recreation, both indoors and out of doors [ ] (e) teaching patients new skills and advice on employment [ ] (f) patients to dine and sit [ ] (g) the co-ordination of the work of voluntary agencies [ ] (h) counselling [ ] (i)
4	B	The main clusters of activity spaces in the day hospital will be: (a) shared entrance and reception with the other parts of the adult acute mental illness unit [ ] (b) physiotherapy, including group work and relaxation classes [ ] (c) occupational therapy, including activities of daily living [ ] (d) beauty and hairdressing [ ] (e) dining and servery - sitting [ ] (f) forum (informal therapy) [ ] (g) quiet room [ ] (h) offices and supporting facilities [ ] (i) cloakroom and sanitary facilities [ ] (j) treatment room and utilities [ ] (k) storage [ ] (l)

6.3 PHYSIOTHERAPY

The physiotherapy spaces should include the following functional areas (which will normally be separate rooms). Sophisticated assessment and treatment will not usually be required; when needed they should be obtained from the main district physiotherapy service.

a. Activity/recreation. This should be large enough for group activities such as vigorous physical exertion, music and movement, and relaxation classes. The room should be large enough for mats to be laid on the floor, and to enable gait problems to be assessed. In large day hospitals more than one area may be required.

b. An office, which should be adjacent to and overlook the functional areas. This will also need to be used for individual patient assessment, and should be large enough to accommodate a wide adjustable couch. In smaller day hospitals, this office should be combined with the occupational therapy office. (See HBN, para. 4.8e)

c. Storage for mats and other moveable equipment.

Some fixed equipment will be needed, for example, a set of wall bars, a multi-gymnasium, and parallel walking bars.
(HBN, para. 4.9)

Earlier decision	Ref	6.3 PHYSIOTHERAPY
3C	A	The range of physiotherapy activities provided for will include: (a) group work involving vigorous physical activity [ ] (b) music and movement [ ] (c) relaxation classes [ ] (d) individual patient assessment [ ] (e)
	B	These will require facilities in the form of: (a) an activity/recreation room [ ] (b) large enough for mats to be laid on the floor [ ] (c) storage for mats and movable equipment [ ] (d) an office/patient assessment room [ ] (e)
	C	The activity/recreation room should be fitted with: (a) a set of wall bars [ ] (b) a multi-gymnasium [ ] (c) parallel walking bars [ ] (d)

6.4 OCCUPATIONAL THERAPY

Depending on the size of the day hospital one or more rooms for group therapy are required, to be used on a programmed basis. Each room should accommodate up to 10-12 people sitting in a circle, and to prevent duplication of spaces the room(s) should be used for activities such as family therapy, counselling, interviews etc. when not being used for group therapy. (HBN, para. 4.7)

The occupational therapy spaces should be designed to ensure the effective and flexible use of staff and be capable of multi-use. They need to provide a variety of activities which require a range of social interaction, intellectual ability and manipulative skills. Heavy, fixed, specialised equipment will not be required. The spaces should include:

(a) A clean/quiet activity area, with associated stores where dressmaking, educational activities, and clerical work may be undertaken, with sufficient space for table-top activities. Tables and chairs should be easy to stack. A sink and drainer is required and a display panel should be provided on at least one wall. Task lighting should be provided. In large units these activities may be undertaken in separate but similar rooms, when one should be designated for 'quieter' activities.

(HBN, para. 4.8)

Earlier decision	Ref	6.4 OCCUPATIONAL THERAPY
3C	A	The range of occupational therapy activities provided for in a 'clean' work area will include: (a) art [ ] (b) education [ ] (c) clerical/office routine [ ] (d) printing [ ] (e) dressmaking, flower arranging and table-top activities [ ] (f) assembly work [ ] (g)

6.4 OCCUPATIONAL THERAPY (contd.)

The occupational therapy spaces should be designed to ensure the effective and flexible use of staff and be capable of multi-use. They need to provide a variety of activities which require a range of social interaction, intellectual ability and manipulative skills. Heavy, fixed, specialised equipment will not be required. The spaces should include:

(b) A dirty/noisy activity area, with an associated storage space large enough to cope with patients' "work in hand", for activities like woodwork, printing, art, and pottery, (when it will be necessary to install a mobile kiln, which should be in a separate space). Substantial but movable benches will be required and an adequate number of safe socket outlets. Hand power-tools would normally be used, which should be locked away when not in use. A large sink and drainer is required. This space is also likely to be used as the base for remedial gardening and should therefore have direct access to the external garden areas, or internal courtyards, where a greenhouse may be provided either free standing or as an attached conservatory. Flooring in this area should be hardwearing and non-slip. Consideration should be given to the delivery and storage of timber and other materials. In large units, some of these activities might be undertaken in separate but similar rooms. (HBN, para. 4.8)

Earlier decision | Ref

6.4 OCCUPATIONAL THERAPY (contd.)

3C

A The range of occupational therapy activities provided for in a 'dirty' work area will include:
(a) pottery [ ]
(b) woodwork [ ]
(c) metalwork [ ]
(d) remedial gardening [ ]
(e)

B The 'dirty' work area should be designed as:
(a) one large room [ ]
(b) separate rooms (SPECIFY NUMBER): _____ [ ]
(c) with sufficient space for bench-top activities [ ]
(d) with lockable storage for power tools, timber and other materials [ ]
(e)

C The 'dirty' work area should be furnished with:
(a) substantial but movable benches [ ]
(b) an adequate number of socket outlets strategically placed [ ]
(c) a large sink and drainer [ ]
(d)

D Pottery activities will require:
(a) shelving for work in progress [ ]
(b) storage for clay and other materials [ ]
(c) a separate, adjacent, room with kiln [ ]
(d)

E The kiln should be:
(a) accessible only to staff [ ]
(b) provided with extract ventilation [ ]
(c)

F Remedial gardening will require:
(a) direct access to garden areas or internal courtyards [ ]
(b) a free-standing or conservatory-type greenhouse [ ]
(c)

6.5 ACTIVITIES OF DAILY LIVING

The occupational therapy spaces should be designed to ensure the effective and flexible use of staff and be capable of multi-use. They need to provide a variety of activities which require a range of social interaction, intellectual ability and manipulative skills. Heavy, fixed, specialised equipment will not be required. The spaces should include:

(c) An "Activities of Daily Living" (ADL) kitchen area, which should be a separate space. The size and ambience should be that of a 'domestic' kitchen capable of accommodating a small group with equipment similar to that likely to be in the patients' homes. Both electric and gas appliances should be available, but the cookers should not be in corners. All the kitchen cupboards and the refrigerator should be lockable. There should be space for patients to work with the staff and for a proportion of them to sit down and eat.

(d) A beauty/hairdressing space, where facial care, manicure and hairdressing can be undertaken by either a hairdresser (in larger units), a member of staff or by patients themselves. Careful programming of use will be necessary in larger units.

(e) An occupational therapy office, which should be central to the range of occupational therapy spaces and preferably adjacent to the clean and dirty activity areas for ease of observation. In smaller day hospitals, this office should be combined with the physiotherapy office (See HBN, para 4.9b).

(HBN, para 4.8)

Earlier decision	Ref	6.5 ACTIVITIES OF DAILY LIVING
15	A	Training for daily living will require: (a) a kitchen [ ] (b) beauty/hairdressing facilities [ ] (c)
	B	These may be used by: (a) day patients [ ] (b) in-patients [ ] (c)
	C	The kitchen should contain: (a) both gas and electrical appliances [ ] (b)
	D	Space will be required in the kitchen for: (a) a proportion of patients and staff to sit down and eat [ ] (b) cookers to be kept away from corners [ ] (c) kitchen cupboards and a refrigerator (which should be lockable) [ ] (d)
15B	E	A beauty/hairdressing space is required for: (a) hairdressing [ ] (b) facial care [ ] (c) manicure [ ] (d)
	F	Patients' hair may be washed and dried and beauty care given by: (a) themselves (possibly assisted by another patient) [ ] (b) a hairdresser [ ] (c) members of staff [ ] (d) volunteers [ ] (e)

6.6 DINING & PANTRY

It is recommended that the dining area should be sized for one sitting only, to allow for the use of this space for other purposes, eg recreation and large group meetings. A dining space which is too small will inhibit this. Careful consideration needs to be given to the design requirements as the dining room may be required to serve in-patients, day patients, or both. The arrangements will depend upon the location of the day hospital, eg they are likely to be different at the DGH from those at a community location.

(1) At the DGH

(a) It is assumed that there will be central catering facilities and a central washing-up service, and that patients will receive food served by the staff or patients from an insulated bulk trolley. In some units, a plated meal or tray service may provide an acceptable alternative.

(b) A pantry is required for the preparation of beverages to be consumed in the dining room, sitting area, forum, or elsewhere. Ample storage is required for dry goods, and limited crockery and cutlery. A refrigerator will be required for milk and butter storage and any other perishable food required for snacks. Facilities for washing up beverage and snack crockery and for handwashing will also be required. Space should be sufficient for two people to work at the same time and a serving hatch to the dining area may be an advantage.

(c) Trolley parking space will be required for catering and beverage trolleys.

(2) Community locations

(a) It is essential at a very early stage to determine how main meals will be supplied, as the choice of service will have a profound effect upon the space required. The options include:
   (i) Insulated containers supplied from a hospital or meals on wheels kitchen.
   (ii) Cook/freeze or cook/chill meals supplied in bulk and cooked in micro-wave ovens or heated trolleys.
   (iii) Cooking on the premises.

(b) For supply by a hospital, the provision will be similar to that described for the DGH.

(c) For cook/freeze or cook/chill provision, more space will be required to accommodate the necessary freezers, ovens, and trolleys.

(d) A self-contained kitchen is the most expensive option in both capital and running costs and has not been considered in detail in this Note. (See HBN 10, Catering.) It could also be used for therapeutic programmes for some patients, (eg self-catering programmes). A pantry should not normally be required.

(HBN, para. 4.3)

Earlier decision	Ref	6.6 DINING AND PANTRY
4B,C	A	The day hospital will serve meals to: (a) day hospital patients [ ] (b) in-patients [ ] (c)
	B	Menus will be selected: (a) on arrival in the dining room [ ] (b) in advance by in-patients from a menu [ ] (c)
8C 9A 12D	C	Meals will be provided: (a) by the central catering department of the D.G.H. [ ] (b) by the catering department from a hospital (SPECIFY) _____ (c) in bulk insulated trolleys to a pantry [ ] (d) by plated meals service [ ] (e) by tray service [ ] (f) by cook/freeze or cook/chill [ ] (g) by a self-contained kitchen [ ] (h)
	D	On arrival the food containers will be transferred to: (a) bain maries [ ] (b)
	E	Patients' meals will be served: (a) in one sitting [ ] (b) on a cafeteria basis [ ] (c)
	F	Beverages will be prepared: (a) in the pantry [ ] (b) for patients [ ] (c) for staff [ ] (d)
8C	G	Washing up will be: (a) returned to the central wash-up facilities in the main hospital, except for beverage items [ ] (b) carried out in a kitchen provided in the day hospital [ ] (c)

6.6 DINING & PANTRY (contd.)

Earlier decision | Ref

6.6 DINING AND PANTRY (contd.)

A Facilities will be required in the pantry for:

(a) storage of dry foods [ ]

(b) storage of milk (SPECIFY METHOD): _____

(c) storage of butter and other perishable food [ ]

(d) crockery and cutlery (up to _____ patients) (depending on local washing-up policy) [ ]

(e) handwashing [ ]

(f) disposal of wet and dry waste [ ]

(g) parking catering trolleys [ ]

(h) space for _____ staff [ ]

(i) holding and serving hot foods [ ]

(j) holding and serving cold foods [ ]

(k) provision of beverages [ ]

(l)

(m)

6.7 SITTING SPACE

Sitting room

This should be sited adjacent to the dining room so that the two can be combined for community meetings and social activities such as dancing and films. The room should be attractively decorated and furnished in a homely style. Patients will relax here between their programmed treatment sessions, after meals when taking tea or coffee, and it will be used by in-patients in the evenings and at weekends. (HBN, para. 4.4)

Forum (informal sitting)

This is a sitting space continuous with, but not part of, the circulation route, if possible, adjacent to the staff office so that it can also be used as an informal waiting space. Its prime use is as an informal meeting place for patients and staff. There is an advantage in planning this place adjacent to the dining room and the pantry/kitchen. (HBN, para. 4.5)

Quiet room

A small room where patients may relax in peace and quiet is required. It should have a variety of comfortable chairs and may also be used for group therapy. This room will also be used by in-patients in the evenings and at weekends. (HBN, para. 4.6)

Therapy areas

Depending on the size of the day hospital one or more rooms for group therapy are required, to be used on a programmed basis. Each room should accommodate up to 10-12 people sitting in a circle, and to prevent duplication of spaces the room(s) should be used for activities such as family therapy, counselling, interviews etc. when not being used for group therapy. (HBN, para. 4.7)

Earlier decision	Ref	6.7 SITTING SPACE
6A	A	Sitting space will be required in the day hospital for patients: (a) to relax on arrival, and before and after meals [ ] (b) to rest between programmed treatment sessions [ ] (c) for social activities during the day, evening and weekend [ ] (d)
	B	This space should be made adaptable by: (a) planning it adjacent to the dining room so the two can be combined for social activities [ ] (b) providing movable screens to divide the overall space [ ] (c)
	C	Patients will also need: (a) a quiet room (which may also be used for group therapy) [ ] (b) a forum (informal sitting space) for patients and staff [ ] (c)
	D	Separate group therapy rooms will be needed for use on a programmed basis: (a) in a quiet part of the day hospital [ ] (b)
	E	Group therapy rooms should accommodate: (a) 10-12 persons [ ] (b)
	F	The rooms may be used by patients for: (a) sitting [ ] (b) playing and listening to music [ ] (c) a library [ ] (d)
	G	One room should be suitable for use: (a) for group and individual behavioural therapy [ ] (b) with an adjacent separate video room, and one way view screen [ ] (c)

6.8 OFFICES

The staff office is the focal administration area which should be the reception point to the day hospital and hold the current records of patients. It should be accessible to all staff if possible, be near the entrance and to the patients' forum, and could be the nursing staff base. (HBN, para. 4.11)

Earlier decision | Ref

6.8 OFFICES

A An office will be required within the day hospital for the use of all staff including:
(a) the sister/charge nurse [ ]
(b) the head occupational therapist [ ]
(c) doctors [ ]
(d) the community psychiatric nurses' base [ ]
(e) social and community services (interview room/s) [ ]
(f) social worker [ ]
(g) interviews [ ]
(h)

B Staff meetings and case conferences will be held:
(a) in a staff room in the day hospital [ ]
(b)

6.9 STAFF FACILITIES

A staff cloakroom, adjacent to the staff office, is required, where staff may hang coats and keep valuables safely. A WC with wash basin is required in this area. (HBN, para. 4.12)

Earlier decision | Ref

6.9 STAFF FACILITIES

A The approximate number of staff working in the day hospital during a peak period is estimated, for planning purposes, to be:

male _____

female _____

TOTAL _____

B Staff will use:
(a) the central changing accommodation of the hospital, with small lockers for personal possessions provided in a small cloakroom in the day hospital [ ]
(b) changing accommodation for male and female staff provided in the day hospital [ ]
(c) changing accommodation for male and female staff close to the day hospital [ ]
(d)

C Staff rest room facilities will be provided:
(a) in the seminar/staff room of the day hospital [ ]
(b) in a separate staff room in the day hospital [ ]
(c)

D Staff WC/handrinse facilities will be provided:
(a) close to the cloakroom [ ]
(b)

6.10 EDUCATION

Earlier decision	Ref	6.10 EDUCATION
23B	A	Multi-disciplinary meetings will be held: (a) in a staff room in the day hospital [ ] (b)
16 17 18	B	Clinical instructions and teaching will take place: (a) in seminar rooms [ ] (b) in the physiotherapy spaces [ ] (c) in the occupational therapy spaces [ ] (d) in the daily living area [ ] (e)
	C	Instruction or advice to patients and relatives may be given: (a) in any suitable area [ ] (b)

6.11 TREATMENT FACILITIES

A patients' utility room and a treatment/clean utility room will be required when the day hospital is not associated with a ward. (See 4.32 and 4.33) (HBN, para. 4.10)

Earlier decision | Ref | 6.11 TREATMENT FACILITIES

A A small treatment/clean utility room will be required for patients to receive:
(a) injections [ ]
(b) medication [ ]
(c) first aid [ ]
(d) medical examinations [ ]
(e)

B This room should be:
(a) fitted with locks to the door [ ]
(b) locks to cupboards containing drugs, lotions and syringes [ ]
(c) designed so that the function and contents are not apparent from the outside [ ]
(d) to hold mobile resuscitation apparatus [ ]
(e)

6.12 DISPOSAL AND CLEANING

Earlier decision | Ref

6.12 DISPOSAL AND CLEANING

A The system of disposal will be:
(a) as the Whole Department (see page 95) [ ]
(b)

B Materials for disposal or reprocessing will be stored:
(a) in a disposal room situated near the 'clean' and 'dirty' work areas entrance/exit to the day hospital [ ]
(b)

C Pathology specimens will await collection (SPECIFY WHERE):
(a) _____

D Urine testing facilities will:
(a) not be required in the day hospital [ ]
(b) be provided in the out-patient department [ ]
(c) be required (SPECIFY WHERE):
_____

E Disposable items used will include:
(a) paper towels [ ]
(b) beverage materials [ ]
(c)

F A cleaners' room will be required in the day hospital [ ]

G Heavy cleaning equipment will be stored (SPECIFY WHERE):
(a) _____

6.13 SUPPLY AND STORAGE

Earlier decision	Ref	6.13 SUPPLY AND STORAGE
	A	The supply delivery frequency and method will be: (a) as the Whole Department (see page 97) [ ] (b)
	B	A lockable cupboard will be required for: (a) electrical switchgear [ ] (b)
26A	C	Pharmacy supplies, medicines, etc. will be stored: (a) in the treatment/clean utility [ ] (b)
	D	Personal clothing from patients will be stored: (a) in a storage space [ ] (b) in a storage room [ ] (c) near to the reception area [ ] (d)
17A	E	Stores will be required for: (a) occupational therapy materials [ ] (b) occupational therapy timber and metal [ ] (c)
11B	F	Wheelchairs and stretcher trolley will be kept: (a) in an open bay [ ] (b) near to the main entrance and reception [ ] (c)

7. SELF-CONTAINED WARD ACCOMMODATION
7.1 RECEPTION AND RECORDS

ADULT PEOPLE WITH MENTAL ILLNESS (MENTAL ILLNESS UNIT)
7. SELF-CONTAINED WARD ACCOMMODATION 7.1 RECEPTION AND RECORDS

Earlier decision	Ref	
	A	Patients may be admitted: (a) by general medical practitioner referral [ ] (b) as a result of domiciliary visits [ ] (c) via the accident and emergency department [ ]
10E		(d) by transfer from another department [ ] (e) by transfer from the day hospital or out-patients [ ] (f) as a result of a compulsory order [ ] (g) by self-referral [ ] (h)
	B	Documentation of patients will be carried out by:
13A		(a) (b)
	C	And this will take place:
13A		(a) (b)
	D	Patients may arrive at the ward: (a) on foot [ ] (b) in a wheelchair [ ] (c) on a trolley [ ] (d)
	E	Patients may be accompanied, on arrival, by: (a) friends or relatives [ ] (b) escorts [ ] (c) hospital staff [ ] (d) ambulance staff [ ] (e)
	F	Patients' medical records will be kept:
13B		(a) in the ward, for current in-patients only [ ] (b)
	G	Patients' medical records for emergency/night admissions will be compiled: (a) at the main reception [ ] (b) in the ward [ ] (c)
11C,13A	H	Patients for admission will report: (a) to the main reception [ ] (b)

7.2 PATIENTS FACILITIES - BEDROOMS

The majority of mentally ill people do not need bedside nursing care but require sleeping accommodation comparable to a small domestic bedroom. Standard bedhead units, piped oxygen and suction are not required. (HBN, para. 4.19)

Patients will require easy access to clothing and other personal possessions. Personal storage facilities with appropriate security should be provided within each bedroom, with a small store elsewhere for the personal belongings of patients who temporarily cannot be permitted to have access to them. (HBN, para. 4.20)

Single and multi-bedrooms should be provided. This allows male and female patients to be cared for in the same ward whilst allowing adequate segregation and privacy. Mothers admitted with their babies will require a single room, which can be observed easily by the nursing staff. It is not envisaged that children over about one year old will be resident other than in very exceptional circumstances. The ratio of single to multi-bedrooms is a matter for local decision, based on the philosophy of care adopted, bearing in mind the capital, and possibly revenue, implications of a large number of single bedrooms. This is a complex issue, as it may be that single bedrooms are capable of more flexible use. (HBN, para. 4.21)

The minimum bedspace for a patient is 2.5m x 2.9m. This will provide personal space for the patient, and is such that care and treatment can be given in the space when required. Each bedspace will require a divan bed, not so low as to make bedmaking difficult; chairs; chest of drawers; and a wardrobe with space for hanging clothing and for storage. (HBN, para. 4.22)

Single bedrooms should be suitable for a variety of users, be furnished and equipped in a smaller manner to the bed spaces in the multi-bedrooms, and contain a wash-hand basin. At least one single room should have a lockable communicating door to a domestic bathroom so that a patient needing isolation, a mother with her baby, or a person requiring social retraining can use the bathroom en suite. The bathroom should also have a door to the corridor so that when not used en suite it can be used by other patients. (HBN, para. 4.23)

A special room solely for the temporary care of a severely disturbed patient may be required, but the professional team should be asked whether more than one is needed per unit. It should be close to the staff base and have:

(a) a robust door which can be opened only by the staff from the outside and which opens outwards;

(continued on next Guidance page)

Earlier decision | Ref

7.2 PATIENTS' FACILITIES - BEDROOMS

A Male and female patients will be accommodated:
(a) in the same ward [ ]
(b) in separate wards [ ]
(c)

B Knowledge of patients' whereabouts and activities should be made possible by:
(a) siting at least half the beds, including four singles, near the staff base [ ]
(b) designing the rooms so that patients can be observed from the doorway [ ]
(c)

C Observation and awareness can be assisted by the use of:
(a) skilful planning of rooms and circulation areas [ ]
(b) vision panels [ ]
(c) partially-glazed partitions on to the corridor [ ]
(d)

D Single rooms will be used for:
(a) disturbed or noisy patients [ ]
(b) physically ill patients [ ]
(c) mothers admitted with their babies [ ]
(d) balancing the provision between sexes [ ]
(e) personal reasons [ ]

E Single bedrooms will be furnished:
(a) in a similar manner to bed spaces in the multi-bedrooms [ ]
(b) with one having a lockable connecting door to a domestic bathroom [ ]
(c) with one being designated as a 'special' room for the temporary care of a severely disturbed patient [ ]
(d)

7.2 PATIENTS' FACILITIES - BEDROOMS

(b) a vision panel of toughened glazing suitable for staff observation sited either in the door, or in a wall, which can be screened from the outside when privacy is required, and which gives as much all round vision of the room as possible;
(c) windows should have safety glass and restricted opening;
(d) three light fittings which should all be ceiling mounted, flush and unbreakable, with -
  (i) the main light, controlled by a switch outside the room,
  (ii) a separate night light to give a pool of light by the door, with a switch outside the room,
  (iii) an overbed light. The local bed head switch should be capable of being isolated by means of an override switch mounted outside the room.
(e) heating which cannot be tampered with, controlled from outside the room,
(f) sound containment to a reasonable level.

The need for a suitably equipped en suite WC will need to be decided by the project team. (HBN para 4.24)

Multi-bedrooms should normally contain four or five beds each, of the divan type. Each patients should have a clearly identifiable bedspace as described in paragraph 4.22. Privacy for patients can be achieved by a suitable arrangement of furniture, partitions and curtains. There may be a need for one or more two-bedded rooms, one of which should be equipped with Kings Fund beds to cater for the occasional patients who need physical nursing care. The size and number of multi-bedrooms in a ward is a matter for local decision. (HBN, para. 4.25)

Earlier decision | Ref | 7.2 PATIENTS' FACILITIES - BEDROOMS (contd.)

A Multi-bed rooms should be:
(a) designed to give patients a sense of their own territory [ ]
(b) furnished attractively and in a homely way [ ]
(c) furnished with hard-wearing and movable furniture [ ]
(d) provided with a display board in each bedspace [ ]
(e)

B Patients' personal clothing and other items will be kept:
(a) in the vicinity of each bedspace [ ]
(b)

C using:
(a) a wardrobe [ ]
(b) a chest of drawers [ ]
(c) a bedside table [ ]
(d)

D Secure storage of personal clothing and other items will be provided by:
(a) lockers in a store room [ ]
(b)

7.3 PATIENTS' FACILITIES - TREATMENT

A quiet room is required in all wards. In a bed annex ward, most patients will use the adjacent day hospital most of the time during the day, evenings and at weekends. However, one or two patients may be kept back in the bed-annex ward and may need to use this quiet room during the day. Meals may need to be served in this room. In a self-contained ward, this room may also be used for group therapy during the day and informally by in-patients during the evenings and weekends as an alternative to a sitting area, and a TV aerial outlet is required. (HBN, para. 4.36)

Earlier decision	Ref	7.3 PATIENTS' FACILITIES - TREATMENT
26A	A	Treatment of in-patients may take place in: (a) the ward [ ] (b) the day hospital [ ] (c) recreation areas [ ] (d) the ECT suite [ ] (e)
	B	A quiet room is required for: (a) group therapy [ ] (b) occupational therapy [ ] (c) use as an alternative sitting area [ ] (d)

7.4 PATIENTS' FACILITIES - DINING ROOM/PANTRY

Earlier decision	Ref	7.4 PATIENTS' FACILITIES - DINING/PANTRY
20C	A	Patients' meals will be distributed by a: (a) tray service [ ] (b) plated meals service [ ] (c) bulk food trolley service [ ] (d)
	B	Meals will be served by: (a) nursing staff [ ] (b) catering staff [ ] (c)
	C	In-patients will take their meals: (a) in a dining room in the self-contained ward [ ] (b) in their bedroom [ ] (c) in a dining area shared between two self-contained wards [ ] (d) in the day hospital dining room (if ambulant) [ ]
20A,B		(e)
20G	D	Beverages and light snacks for patients may be prepared: (a) in the ward pantry [ ] (b) in a pantry shared between two wards [ ] (c)
	E	Facilities will be required in the pantry for: (a) storage of dry foods [ ] (b) storage of milk (SPECIFY METHOD): _____ (c) crockery and cutlery, associated with beverages and snacks (up to _____ patients) [ ] (d) handwashing [ ] (e) disposal of wet and dry waste [ ] (f) parking a catering trolley [ ] (g) circulation space for 2-3 staff and/or patients [ ] (h) heating water (electric kettles) [ ] (i)
	F	Washing up facilities will be provided: (a) centrally by the catering department [ ] (b) in the pantry for beverage and snack utensils only [ ]
8C,9A		(c)

7.5 PATIENTS FACILITIES - SANITARY

The recommended scale of provision of WCs is one per five patients. Additional WCs should be included in bathrooms and shower rooms. Each WC should have a wash-hand basin. It will be a matter for local decision whether WCs are separately designated for men or women, but the labels on the doors should be interchangeable according to the ratio of male to female patients. (HBN, para. 4.26)

Bath/shower rooms should be provided on a scale of one to six patients. The proportion of bathrooms to shower rooms is a matter for local decision. One bathroom should be an assisted bathroom, as should one shower room. (See HBN 40, "Common Activity Spaces", Volume 1). All bathrooms and shower rooms should contain a WC and wash-hand basin. Hair washing may be undertaken in the assisted bathroom or assisted shower room by the use of a hand spray sited to serve the basin and the bath. Hair driers should be used in the patient's bed area. (HBN, para. 4.27)

The doors to the WC, bath and shower rooms should have a 'vacant/engaged' indicator. All the locking devices must have an external release and the doors should be able to open outwards in an emergency. (HBN, para. 4.28)

Earlier decision | Ref

7.5 PATIENTS' FACILITIES - SANITARY

A In-patients' WCs will be:
(a) separately designated for male and female, using interchangeable labels [ ]
(b) unisex [ ]
(c)

B A WC and wash-hand basin should be provided:
(a) in each bathroom/shower [ ]
(b) close to and relating to each multi-bed room [ ]
(c) close to single rooms [ ]
(d)

C Wash-hand basins only will be required:
(a) in each single bedroom [ ]
(b) excluding the special single room [ ]
(c)

D Bathrooms and showers should be large enough to permit:
(a) the patient to be accompanied by a nurse [ ]
(b) access by a wheelchair [ ]
(c) use of a mobile hoist (assisted bathroom) [ ]
(d)

E Patients' hairwashing facilities should be provided in:
(a) an assisted bathroom (hand-spray) [ ]
(b) an assisted shower [ ]
(c)

F The estimated summary of the sanitary facilities required is as follows:
(a) WC with wash-hand basin _____
(b) assisted shower/WC/wash-hand basin _____
(c) shower _____
(d) assisted bathroom/WC/wash-hand basin _____
(e) domestic bathroom/WC/wash-hand basin _____
(f)
(g) TOTAL _____

7.6 STAFF FACILITIES - OFFICES

The staff office is the administrative base of the ward from which staff can observe patients' movements and also where patients may locate staff. It should be accessible to staff of all disciplines and if possible should be near the single bedrooms. It may also be the reception point to the ward and will hold current records of patients. Staff hand-over will take place here. In the bed annex ward, it incorporates what was known as the "Sister's/Charge Nurse's Office". (see para. 4.11). Temporary secure storage for patients' valuables will be needed.
(HBN, para. 4.29)

The staff base is the space where patients and staff can pause to sit and have a conversation uninhibited by the sense of enclosure which a room provides. It should be adjacent to the staff office and be furnished with easy chairs and a low table. The lighting should provide identification of the space and be so arranged that staff can read at night. Staff must be able to observe the doors to single bedrooms and the corridor to the other bedrooms. It is not an administrative area but a place from which staff can observe patients' movements and patients can locate staff, especially at night. The indicator lights for the call system and Controlled Drugs cupboard must be visible. A transfer of staff/staff calls to an adjacent area in the psychiatric unit may be needed. A telephone kiosk with a coin operated telephone, capable of being used by a disabled person, should be located nearby.
(HBN, para. 4.30)

Earlier decision | Ref

7.6 STAFF FACILITIES - OFFICES

A The day-to-day general nursing management of the self-contained ward will be undertaken by:
(a) a sister/charge nurse [ ]
(b)

B A staff office will be required with facilities for:
(a) conversation, reporting and interviews in private [ ]
(b) storage of current patients' records [ ]
(c) reception of visitors [ ]
(d) storage of patients' valuables [ ]
(e) use of telephone in privacy [ ]
(f)

C A staff base will provide facilities for:
(a) general visual and auditory observation of patients' movements (especially at night) [ ]
(b) staff/patient discussion in an informal atmosphere [ ]
(c) parking of patients' trolley telephone [ ]
(d) indicating lights of call system and controlled drugs cupboard [ ]
(e) observation of entrance or entry corridor [ ]
(f)

D Medical secretary/typing facilities will be available:
(a) centrally in the hospital [ ]
(b) in an administration area of the department [ ]
(c) with audio facilities for all staff [ ]
(d)

7.7 STAFF FACILITIES - EDUCATION

Earlier decision | Ref

7.7 STAFF FACILITIES - EDUCATION

A Multi-disciplinary meetings will be held:
(a) in the staff ward office [ ]
(b)

B Clinical instruction and teaching will take place:
(a) in the ward office [ ]
(b) in the day hospital [ ]
(c) in seminar rooms [ ]
(d) at the bedside [ ]
(e) in the day areas [ ]
(f) at the staff base [ ]
(g)

C Instruction or advice to patients and relatives may be given:
(a) in any suitable area [ ]
(b)

7.8 STAFF FACILITIES - SANITARY/CHANGING

Earlier decision | Ref

7.8 STAFF FACILITIES - SANITARY/CHANGING

6C-F

A The approximate number of staff working in the self-contained wards during a peak period is estimated for planning purposes to be:

	male	female	TOTAL
(a) wards with _____ beds	_____	_____	_____
(b) wards with _____ beds	_____	_____	_____
(c)			

B Staff will use:
(a) the central changing accommodation of the hospital with small lockers for personal possessions provided in a small cloakroom in the ward [ ]
(b) changing accommodation in the ward cloakroom [ ]
(c) changing accommodation in a cloakroom shared between two wards [ ]
(d)

C Staff WC/handrinse facilities will be provided:
(a) associated with the cloakroom [ ]
(b) shared between two wards [ ]
(c)

D Separate changing accommodation will be required for male staff

and this will be (SPECIFY): _____

7.9 SUPPORTING FACILITIES - DISPOSAL AND CLEANING

Earlier decision | Ref

7.9 SUPPORTING FACILITIES - DISPOSAL & CLEANING

A The system of disposal will be:
(a) as Whole Department (see page 95) [ ]
(b)

B A dirty utility room will be required for:
(a) the emptying of urinals, bedpans, sputum containers and vomit bowls [ ]
(b) the temporary holding of items waiting for disposal and processing before transfer to a disposal room [ ]
(c) the storage of non-disposable bedpans/disposable bedpans and holders [ ]
(d) non-disposable urinals/disposable urinals [ ]
(e) washing bowls [ ]
(f) flower vases [ ]
(g) urine-testing facilities [ ]
(h) vomit bowls [ ]
(i) incontinence pads [ ]
(j) sputum containers [ ]
(k)

C The bedpan system will be:
(a) non-disposable [ ]
(b) disposable [ ]
(c)

D Bedpans/bedpan holders will be kept:
(a) in the dirty utility [ ]
(b)

E Disposable items and their contents will be disposed of by using:
(a) a macerator in the dirty utility [ ]
(b)

F A patients' utility room will be required:
(a) in each ward [ ]
(b)

G Patients will launder small items such as personal clothing:
(a) in a patients' utility room [ ]
(b)

H A cleaners' room will be required:
(a) in each ward [ ]
(b) shared between wards [ ]
(c)

I Pathology specimens will await collection from:
(a) SPECIFY _____

7.10 SUPPORTING FACILITIES - SUPPLY AND STORAGE

Earlier decision | Ref | 7.10 SUPPORTING FACILITIES - SUPPLY AND STORAGE

A The supply delivery frequency and method will be:
(a) as the Whole Department (see page 97) [ ]
(b)

B Secure storage areas will be required for:
(a) nursing equipment and furniture [ ]
(b) bulk disposable goods, decorations, etc. [ ]
(c) patients' suitcases, personal effects and clothing [ ]
(d) clothing and linen [ ]
(e)

C Linen supply will be by:
(a) a requisition system [ ]
(b) a topping-up system [ ]
(c) exchange trolley system [ ]
(d)

D A lockable cupboard will be required for:
(a) electrical switchgear [ ]
(b)

8. BED ANNEX WARD ACCOMMODATION

8.1 RECEPTION AND RECORDS

ADULT PEOPLE WITH MENTAL ILLNESS (MENTAL ILLNESS UNIT)
8. BED ANNEX WARD ACCOMMODATION 8.1 RECEPTION AND RECORDS

Earlier decision	Ref	
		Patients may be admitted:
		(a) by general medical practitioner referral [ ]
		(b) as a result of domiciliary visits [ ]
		(c) via the accident and emergency department [ ]
10E		(d) by transfer from another department [ ]
29		(e) by transfer from the day hospital or outpatients [ ]
		(f) as a result of a compulsory order [ ]
		(g) by self-referral [ ]
		(h)
	B	Documentation of patients will be carried out by:
13A		(a)
29		(b)
	C	And this will take place:
13A		(a)
29		(b)
	D	Patients may arrive at the ward:
		(a) on foot [ ]
		(b) in a wheelchair [ ]
		(c) on a trolley [ ]
		(d)
	E	Patients may be accompanied, on arrival, by:
		(a) friends or relatives [ ]
		(b) escorts [ ]
		(c) hospital staff [ ]
		(d) ambulance staff [ ]
		(e)
	F	Patients' medical records will be kept:
13B		(a) in the ward, for current in-patients only [ ]
29		(b)
	G	Patients' medical records for emergency/night admissions will be compiled:
		(a) at the main reception [ ]
		(b) in the main ward [ ]
		(c)
	H	Patients for admission will report:
11C,13A		(a) to the main reception [ ]
29		(b)

8.2 PATIENTS' FACILITIES - BEDROOMS

The majority of mentally ill people do not need bedside nursing care but require sleeping accommodation comparable to a small domestic bedroom. Standard bedhead units, piped oxygen and suction are not required. (HBN, para. 4.19)

Patients will require easy access to clothing and other personal possessions. Personal storage facilities with appropriate security should be provided within each bedroom, with a small store elsewhere for the personal belongings of patients who temporarily cannot be permitted to have access to them. (HBN, para. 4.20)

Single and multi-bedrooms should be provided. This allows male and female patients to be cared for in the same ward whilst allowing adequate segregation and privacy. Mothers admitted with their babies will require a single room, which can be observed easily by the nursing staff. It is not envisaged that children over about one year old will be resident other than in very exceptional circumstances. The ratio of single to multi-bedrooms is a matter for local decision, based on the philosophy of care adopted, bearing in mind the capital, and possibly revenue, implications of a large number of single bedrooms. This is a complex issue, as it may be that single bedrooms are capable of more flexible use. (HBN, para. 4.21)

The minimum bedspace for a patient is 2.5m x 2.9m. This will provide personal space for the patient, and is such that care and treatment can be given in the space when required. Each bedspace will require a divan bed, not so low as to make bedmaking difficult; chairs; chest of drawers; and a wardrobe with space for hanging clothing and for storage. (HBN, para. 4.22)

Single bedrooms should be suitable for a variety of users, be furnished and equipped in a smaller manner to the bed spaces in the multi-bedrooms, and contain a wash-hand basin. At least one single room should have a lockable communicating door to a domestic bathroom so that a patient needing isolation, a mother with her baby, or a person requiring social retraining can use the bathroom en suite. The bathroom should also have a door to the corridor so that when not in use en suite it can be used by other patients. (HBN, para. 4.23)

A special room solely for the temporary care of a severely disturbed patient may be required, but the professional team should be asked whether more than one is needed per unit. It should be close to the staff base and have:

(a) a robust door which can be opened only by the staff from the outside and which opens outwards;

(Continued on next Guidance page)

Earlier decision | Ref

8.2 PATIENTS' FACILITIES - BEDROOMS

A Male and female patients will be accommodated:
(a) in the same ward [ ]
(b) in separate wards [ ]
(c)

B Knowledge of patients' whereabouts and activities should be made possible by:
(a) siting at least half the beds, including four singles, near the staff base [ ]
(b) designing rooms so that patients can be observed from the doorway [ ]
(c)

C Observation and awareness can be assisted by the use of:
(a) skilful planning of rooms and circulation areas [ ]
(b) vision panels [ ]
(c) partially-glazed partitions on to the corridor [ ]
(d)

D Single rooms will be used for:
(a) disturbed or noisy patients [ ]
(b) physically ill patients [ ]
(c) mothers admitted with their babies [ ]
(d) balancing the provision between sexes [ ]
(e) personal reasons [ ]
(f)

E Single bedrooms will be furnished:
(a) in a similar manner to bed-spaces in the multi-bedrooms [ ]
(b) with one having a lockable connecting door to a domestic bathroom [ ]
(c) with one being designated as a 'special' room for the temporary care of a severely disturbed patient [ ]
(d)

8.2 PATIENTS' FACILITIES - BEDROOMS (contd.)

(b) a vision panel of toughened glazing suitable for staff observation sited either in the door, or in a wall, which can be screened from the outside when privacy is required, and which gives as much all round vision of the room as possible;
(c) windows should have safety glass and restricted opening;
(d) three light fittings which should all be ceiling mounted, flush and unbreakable, with -
  (i) the main light, controlled by a switch outside the room,
  (ii) a separate night light to give a pool of light by the door, with a switch outside the room,
  (iii) an overbed light. The local bed head switch should be capable of being isolated by means of an override switch mounted outside the room.
(e) heating which cannot be tampered with, controlled from outside the room,
(f) sound containment to a reasonable level.

The need for a suitably equipped en suite WC will need to be decided by the project team. (HBN, para 4.24)

Multi-bedrooms should normally contain four or five beds each, of the divan type. Each patients should have a clearly identifiable bedspace as described in paragraph 4.22. Privacy for patients can be achieved by a suitable arrangement of furniture, partitions and curtains. There may be a need for one or more two-bedded rooms, one of which should be equipped with Kings Fund beds to cater for the occasional patients who need physical nursing care. The size and number of multi-bedrooms in a ward is a matter for local decision. (HBN, para. 4.25)

Earlier decision | Ref

8.2 PATIENTS' FACILITIES - BEDROOMS (contd.)

A Multi-bed rooms should be:
(a) designed to give patients a sense of their own territory [ ]
(b) furnished attractively and in a homely way [ ]
(c) furnished with hardwearing and movable furniture [ ]
(d) provided with a display board in each bedspace [ ]
(e)

B Patients' personal clothing and other items will be kept:
(a) in the vicinity of each bedspace [ ]
(b)

C using:
(a) a wardrobe [ ]
(b) a chest of drawers [ ]
(c) a bedside table [ ]
(d)

D Secure storage of personal clothing and other items will be provided by:
(a) lockers in a store room [ ]
(b)

8.3 PATIENTS FACILITIES - TREATMENT

A quiet room is required in all wards. In a bed annex ward, most patients will use the adjacent day hospital most of the time during the day, evenings and at weekends. However, one or two patients may be kept back in the bed-annex ward and may need to use this quiet room during the day. Meals may need to be served in this room. In a self-contained ward, this room may also be used for group therapy during the day and informally by in-patients during the evenings and weekends as an alternative to a sitting area, and a TV aerial outlet is required.
(HBN, para. 4.36)

Earlier decision | Ref | 8.3 PATIENTS' FACILITIES - TREATMENT

26A

A Treatment of in-patients may take place in:
(a) the ward [ ]
(b) the day hospital [ ]
(c) recreation areas [ ]
(d) the ECT suite [ ]
(e)

B A quiet room is required for:
(a) group therapy [ ]
(b) occupational therapy [ ]
(c) use as an alternative sitting area [ ]
(d)

8.4 PATIENTS FACILITIES - DINING/PANTRY

Earlier decision	Ref	8.4 PATIENTS' FACILITIES - DINING/PANTRY
	A	Patients' meals will be distributed by a:
20C		(a) tray service [ ]
33		(b) plated meals service [ ]
		(c) bulk food trolley service [ ]
		(d)
	B	Meals will be served by:
		(a) nursing staff [ ]
		(b) catering staff [ ]
		(c)
	C	In-patients will take their meals:
20A,B		(a) in a dining room in the self-contained ward [ ]
33		(b) in the quiet room of the ward [ ]
		(c) in their bedroom [ ]
		(d) in the day hospital mainly (if ambulant) [ ]
		(e)
	D	Beverages and light snacks for patients may be prepared:
20G		(a) in the ward pantry [ ]
33		(b)
	E	Facilities will be required in the pantry for:
		(a) storage of dry foods [ ]
		(b) storage of milk (SPECIFY METHOD): _____
		(c) crockery and cutlery, associated with beverages and snacks (up to _____ patients)
		(d) handwashing [ ]
		(e) disposal of wet and dry waste [ ]
		(f) parking a catering trolley [ ]
		(g) circulation space for 2-3 staff and/or patients [ ]
		(h) heating water (electric kettles) [ ]
		(i)
	F	Washing up facilities will be provided:
8C		(a) centrally by the catering department [ ]
33		(b) in the pantry for beverage and snack utensils only [ ]
		(c)

8.5 PATIENTS FACILITIES - SANITARY

The recommended scale of provision of WCs is one per five patients. Additional WCs should be included in bathrooms and shower rooms. Each WC should have a wash-hand basin. It will be a matter for local decision whether WCs are separately designated for men or women, but the labels on the doors should be interchangeable according to the ratio of male to female patients. (HBN, para. 4.26)

Bath/shower rooms should be provided on a scale of one to six patients. The proportion of bathrooms to shower rooms is a matter for local decision. One bathroom should be an assisted bathroom, as should one shower room. (See HBN 40, "Common Activity Spaces", Volume 1). All bathrooms and shower rooms should contain a WC and wash-hand basin. Hair washing may be undertaken in the assisted bathroom or assisted shower room by the use of a hand spray sited to serve the basin and the bath. Hair driers should be used in the patient's bed area. (HBN, para. 4.27)

The doors to the WC, bath and shower rooms should have a 'vacant/engaged' indicator. All the locking devices must have an external release and the doors should be able to open outwards in an emergency. (HBN, para. 4.28)

Earlier decision | Ref

8.5 PATIENTS' FACILITIES - SANITARY

A — In-patients' WCs will be:
34 (a) separately designated for male and female, using interchangeable labels [ ]
(b) unisex [ ]
(c)

34 B — A WC and washand basin should be provided:
(a) in each bathroom/shower [ ]
(b) close to and relating to each multi-bed room [ ]
(c) close to single rooms [ ]
(d)

34 C — Washhand basins only will be required:
(a) in each single bedroom [ ]
(b) excluding the special single room [ ]
(c)

34 D — Bathrooms and showers should be large enough to permit:
(a) the patient to be accompanied by a nurse [ ]
(b) access by a wheelchair [ ]
(c) use of a mobile hoist (assisted bathroom) [ ]
(d)

34 E — Patients' hairwashing facilities should be provided in:
(a) an assisted bathroom (hand-spray) [ ]
(b) an assisted shower [ ]
(c)

34 F — The estimated summary of the sanitary facilities required is as follows:
(a) WC wash-hand basin _____
(b) assisted shower/WC/wash-hand basin _____
(c) shower _____
(d) assisted bathroom/WC/wash-hand basin _____
(e) domestic bathroom/WC/wash-hand basin _____
(f)
(g) TOTAL _____

8.6 STAFF FACILITIES - OFFICES

The staff office is the administrative base of the ward from which staff can observe patients' movements and also where patients may locate staff. It should be accessible to staff of all disciplines and if possiible should be near the single bedrooms. It may also be the reception point to the ward and will hold current records of patients. Staff hand-over will take place here. In the bed annex ward, it incorporates what was known as the "Sister's/Charge Nurse's Office". [see para. 4.11] Temporary secure storage for patients' valuables will be needed [HBN 4.29].

The staff base is the space where patients and staff can pause to sit and have a conversation uninhibited by the sense of enclosure which a room provides. It should be adjacent to the staff office and be furnished with easy chairs and a low table. The lighting should provide identification of the space and be so arranged that staff can read at night. Staff must be able to observe the doors to single bedrooms and the corridor to the other bedrooms. It is not an administrative area but a place from which staff can observe patients' movements and patients can locate staff, especially at night. The indicator lights for the call system and Controlled Drugs cupboard must be visible. A transfer of staff/staff calls to an adjacent area in the psychiatric unit may be needed. A telephone kiosk with a coin operated telephone, capable of being used by a disabled person, should be located nearby. [HBN, para. 4.30]

Earlier decision	Ref	8.6 STAFF FACILITIES - OFFICES
35	A	The day to day general nursing management of the bed-annex ward will be undertaken by: (a) a sister/charge nurse [ ] (b)
35	B	A staff office will be required with facilities for: (a) conversation, reporting and interviews in privacy [ ] (b) storage of current patients' records [ ] (c) reception of visitors [ ] (d) storage of patients' valuables [ ] (e) use of telephone in private [ ] (f)
35	C	A staff base will provide facilities for: (a) general visual and auditory observation of patients' movements (especially at night) [ ] (b) staff/patient discussion in an informal atmosphere [ ] (c) parking of patients' trolley telephone [ ] (d) indicating lights of call system and controlled drugs cupboard [ ] (e) observation of entrance or entry corridor [ ] (f)
35	D	Medical secretary/typing facilities will be available: (a) centrally in the hospital [ ] (b) in an administration area of the department [ ] (c) with audio facilities for all staff [ ] (d)

8.7 STAFF FACILITIES - EDUCATION

Earlier decision	Ref	8.7 STAFF FACILITIES - EDUCATION
	A	Multi-disciplinary meetings will be held:
36		(a) in the staff ward office [ ]
		(b)
	B	Clinical instruction and teaching will take place:
36		(a) in the ward office [ ]
		(b) in the day hospital [ ]
		(c) in seminar rooms [ ]
		(d) at the bedside [ ]
		(e) in the day areas [ ]
		(f) at the staff base [ ]
		(g)
	C	Instruction or advice to patients and relatives may be given:
36		(a) in any suitable area [ ]
		(b)

8.8 STAFF FACILITIES - SANITARY/CHANGING

Earlier decision | Ref

8.8 STAFF FACILITIES - SANITARY/CHANGING

37 A The approximate number of staff working in the bed-annex wards during a peak period is estimated for planning purposes to be:

	male	female	TOTAL
(a) wards with ____ beds	_____	_____	_____
(b) wards with ____ beds	_____	_____	_____
(c)			

37 B Staff will use:
(a) the central changing accommodation of the hospital with small lockers for personal possessions provided in a small cloakroom in the ward [ ]
(b) changing accommodation in a cloakroom [ ]
(c) in a cloakroom shared between two wards [ ]
(d)

37 C Staff WC/handrinse facilities will be provided:
(a) associated with the cloakroom [ ]
(b) shared between two wards [ ]
(c)

37 D Separate changing accommodation will be required for male staff and this will be (SPECIFY) _____

8.9 SUPPORTING FACILITIES - DISPOSAL & CLEANING

Earlier decision	Ref	8.9 SUPPORTING FACILITIES - DISPOSAL AND CLEANING
	A	The system of disposal will be:
38		(a) as Whole Department (see page 95) [ ]
		(b)
	B	A dirty utility room will be required for:
38		(a) the emptying of urinals, bedpans, sputum containers and vomit bowls [ ]
		(b) the temporary holding of items waiting for disposal and processsing before transfer to a disposal room [ ]
		(c) the storage of non-disposable bedpans/disposable bedpans and holders [ ]
		(d) non-disposable urinals/disposable urinals [ ]
		(e) washing bowls
		(f) flower vases [ ]
		(g) urine-testing facilities [ ]
		(h) vomit bowls [ ]
		(i) incontinence pads [ ]
		(j) sputum containers [ ]
		(k)
	C	The bedpan system will be:
38		(a) non-disposable [ ]
		(b) disposable [ ]
		(c)
	D	Bedpans/bedpan holders will be kept:
38		(a) in the dirty utility [ ]
		(b)
	E	Disposable items and their contents will be disposed of by using:
38		(a) a macerator in the dirty utility [ ]
		(b)
	F	A patients' utility room will be required:
38		(a) in each ward [ ]
		(b)
	G	Patients will launder small items such as personal clothing:
38		(a) in a patients' utility room [ ]
		(b)
	H	A cleaners' room will be required:
38		(a) in each section [ ]
		(b) shared between sections [ ]
		(c)
	I	Pathology specimens will await collection from:
38		(a) (SPECIFY) _____

8.10 SUPPORTING FACILITIES - SUPPLY & STORAGE

Earlier decision	Ref	8.10 SUPPORTING FACILITIES - SUPPLY AND STORAGE
	A	The supply delivery frequency and method will be:
39		(a) as the Whole Department (see page 97) [ ]
		(b)
	B	Secure storage areas will be required for:
39		(a) nursing equipment and furniture [ ]
		(b) bulk disposable goods, decorations, etc. [ ]
		(c) patients' suitcases, personal effects and clothing [ ]
		(d) clothing and linen [ ]
		(e)
	C	Linen supply will be by:
39		(a) a requisition system [ ]
		(b) a topping-up system [ ]
		(c) exchange trolley system [ ]
		(d)
	D	A lockable cupboard will be required for:
39		(a) electrical switchgear [ ]
		(b)

9.1 FACILITIES REQUIRED

ECT remains an effective form of treatment for certain conditions although its volume is diminishing. A patient is brought to the suite, prepared for a general anaesthetic, anaesthetised and given a muscle relaxant prior to delivery of the therapy. Recovery is in two stages, first recumbent, then sitting; thereafter, the patient can return to general activity. The suite is used on a sessional basis for only a few hours a week. (HBN, para. 3.12)

Each health authority will need to assess the volume of this therapy for which it will need to provide. Not more than one suite will normally be required by a district, and its location is a matter for local decision. It may be sited either in the adult mental illness unit or in a day hospital elsewhere. When it is part of a mental illnes unit with in-patient accommodation, its treatment room can be used for minor treatments and examinations at other times. The design should be such that other spaces in the suite can be used for other purposes as far as possible, eg a trolley bay should be incorporated, thus freeing the recovery area for other purposes. (HBN, para. 3.13)

Only one size of suite is described in this Note. It is important to ensure that the inclusion of the suite is justified by the volume of therapy needed and not by the size of the unit with which it is associated. (HBN, para. 3.14)

For many patients, the prospect of receiving ECT, even though given under a general anaesthetic, is at least as daunting as having a minor operation. It is therefore essential that the facilities provided, particularly in the waiting and recovery spaces, should be as attractive and relaxing as possible and should accommodate the nurse and anyone with the patient. (HBN, para. 3.15)

The paramount concern of the medical and nursing staff is that the procedure should be carried out under conditions of the utmost safety, both at the time of administration and during the recovery period. Guidance on good practice including effects on design is contained in the report published by the Royal College of Psychiatrists in 1981 entitled 'Electro-convulsion Treatment in Great Britain 1980', and advice should be sought from the consultant with overall responsibility. (HBN, para. 3.16)

ADULT PEOPLE WITH MENTAL ILLNESS (MENTAL ILLNESS UNIT)
9. ECT FACILITIES 9.1 FACILITIES REQUIRED

Earlier decision	Ref	
3A 6G	A	An ECT suite will be required as a discrete suite of rooms related to: (a) the in-patient accommodation [ ] (b) the day hospital [ ] (c) the out-patient accommodation [ ] (d)
	B	Facilities required for ECT will include: (a) a reception/waiting area [ ] (b) ante-room [ ] (c) assisted WC [ ] (d) an ECT treatment room [ ] (e) dirty utility [ ] (f) recovery room for recumbent patients [ ] (g) recovery room for ambulant patients [ ] (h)
	C	The reception point will be: (a) a small desk with a chair, in the waiting area [ ] (b)
	D	The waiting area should be: (a) large enough to accommodate patients, relatives and nursing staff [ ] (b)
	E	The ante-room will be used by patients: (a) to remove or loosen clothing, take off shoes and get on to a trolley bed [ ] (b)
	F	Patients' personal effects will be kept: (a) on a tray beneath the trolley [ ] (b)
	G	The ante-room should be designed: (a) out of sight of waiting patients [ ] (b) with double swing doors from the waiting room and into the treatment room for movement of trolleys [ ] (c) with suitable lighting (subdued and colour-corrected) [ ] (d) with soundproofing between it and the treatment room [ ] (e)

9.2 E.C.T. - TREATMENT

Earlier decision | Ref

9.2 ECT - TREATMENT

A The treatment room will require space for:
(a) the manoeuvring of a trolley bed [ ]
(b) anaesthetic apparatus [ ]
(c) ECT equipment and the use of ECT equipment [ ]
(d) cardiac arrest trolley [ ]
(e) two medical staff [ ]
(f) at least two nursing staff [ ]
(g) storage of drugs, lotions and equipment [ ]
(h) storage of clean and sterile items [ ]
(i) handwashing [ ]
(j)

B When not being used for ECT sessions, the treatment room may be used for:
(a) minor treatments [ ]
(b) examinations [ ]
(c)

C An oxygen supply will be required:
(a) supplied by cylinders [ ]
(b) from piped services [ ]
(c)

D Portable resuscitation equipment should be available for use in:
(a) the ECT treatment room [ ]
(b) the recovery room for recumbent patients [ ]
(c) the wards (in an emergency) [ ]
(d)

E And it will be stored:
(a) in the ECT treatment room [ ]
(b)

9.3 E.C.T. - RECOVERY

Earlier decision | Ref

9.3 ECT - RECOVERY

A The recovery room for recumbent patients will require:
(a) facilities for 5 patients to recover on a trolley [ ]
(b) facilities for adequate observation by nursing staff [ ]
(c) screening between trolleys [ ]
(d) blinds or curtains to reduce glare [ ]
(e) a restful environment [ ]
(f) colour-corrected lighting [ ]
(g)

B Trolleys will be parked:
(a) in a trolley bay [ ]
(b)

C The recovery room for ambulant patients will require:
(a) access wide enough for a patient to enter with assistance [ ]
(b) a domestic environment [ ]
(c) easy chairs with high backs [ ]
(d) space for relatives to join the patient [ ]
(e) facilities for nursing supervision [ ]
(f) facilities for serving a beverage or light meal [ ]
(g) access to WC facilities [ ]
(h)

D Consideration should be given to:
(a) alternative uses for these rooms, e.g. group therapy, seminars, temporary storage of equipment [ ]
(b)

9.4 E.C.T. - UTILITY

Earlier decision | Ref

9.4 ECT - UTILITY

A

A small dirty utility room will be required with facilities for:

(a) urine testing [ ]
(b) cleansing equipment [ ]
(c) holding items awaiting disposal [ ]
(d)

10.1 RECEPTION & RECORDS

It is for local decision whether out-patients should be seen in the main out-patient department or whether a separate suite should be provided in the mental illness unit and/or elsewhere. If a separate suite is to be provided, consideration should be given to sharing some accommodation with the day hospital, eg reception and waiting spaces. (HBN, para. 4.46)

The guidance here is for an out-patients suite in the mental illness unit. It should be adequate for the planned workload of psychiatrists, clinical psychologists and other staff who will see patients. All rooms should be furnished and equipped in domestic style, and clinical equipment, eg examination couches, should be discreetly positioned. The accommodation required will be:

a. Waiting space for the anticipated number of patients and escorts. A staff base, eg a desk and chair, may be required.

b. Consulting rooms for psychiatrists and clinical psychologists, some or all of which will be equipped with physical examination facilities. The number necessary should be determined locally.

c. Consulting (Interview) room(s) for use by a number of disciplines, eg community psychiatric nurses and social workers. The number necessary should be determined locally. One or more of these may need to be designed as viewing rooms into adjacent consulting room(s).

d. A treatment/clean utility room for patients requiring injections and treatment such as dressings. It should not be necessary to provide this space if the out-patients suite is related to a ward or a day hospital which includes this facility.

e. A small dirty utility room for disposal of liquid and solid waste, with facilities for testing urine. Where feasible this could be shared with a ward or day hospital.

f. Two WCs; one assisted for patients, in which specimens for urine analysis can be obtained, and one staff WC.

g. A small general purpose lockable store.
(HBN, para. 4.47)

Earlier decision	Ref	
		ADULT PEOPLE WITH MENTAL ILLNESS (MENTAL ILLNESS UNIT) 10. OUT-PATIENTS SUITE 10.1 RECEPTION AND RECORDS
10A,F	A	Out-patients will report to: (a) the main reception in the mental illness unit [ ] (b)
	B	And then to: (a) a clinic reception point [ ] (b)
	C	This reception point will be: (a) a desk [ ] (b)
11B	D	A small separate waiting area: (a) will be required [ ] (b) will not be required [ ] (c)
13	E	Patients' medical records will be: (a) obtained in advance of each clinic from the medical records office [ ] (b) kept in a lockable trolley, at reception [ ] (c) returned to the medical records store at the end of each clinic [ ] (d) taken direct to the consultant's room [ ] (e)

10.2 OUTPATIENTS SUITE - PATIENTS FACILITIES

Earlier decision	Ref	10.2 OUTPATIENTS SUITE - PATIENTS' FACILITIES
11B 12C	A	Patients attending the out-patients clinics will use WCs: (a) provided at the main reception area in the mental illness unit [ ] (b) provided in the out-patient clinic area [ ] (c)
11E	B	Beverages for out-patients will be: (a) available from a vending machine in the main area [ ] (b)
11E	C	Out-patients may make telephone calls: (a) from a public telephone booth in the main waiting area [ ] (b)

10.3 OUT-PATIENTS SUITE - CONSULTING/EXAMINATION FACILITIES

Earlier decision	Ref	10.3 OUTPATIENTS' SUITE - CONSULTING/EXAMINATION FACILITIES
	A	The staff using the out-patient department normally consist of:
3C		(a) consultant psychiatrists [ ]
		(b) registrars [ ]
		(c) clinical psychologists [ ]
		(d) community psychiatric nurse [ ]
		(e) nurse therapist [ ]
		(f)
	B	The number of doctor/psychologist sessions are estimated to be:
3C,7B		(a) consultant _____
		(b) clinical psychologist _____
		(c) nurse (community psychiatric nurse/nurse therapist) _____
		(d)
	C	The estimated number of patients seen at each session will be:
		(a) consultant: _____ patients
		(b) clinical psychologist: _____ patients
		(c) community psychiatric nurse: _____ patients
		(d) nurse therapist: _____ patients
		(e)
	D	The consulting/examination facilities required will be:
		(a) _____ consulting/examination rooms
		(b)
	E	Interview room(s) will be provided:
15A		(a) in the out-patient clinic [ ]
23A		(b) in the day hospital [ ]
		(c)
	F	The interview room should be for:
23A		(a) multi-use, including social workers [ ]
		(b)
	G	All rooms should be equipped and furnished:
		(a) in a non-clinical style [ ]
		(b)

10.4 OUT-PATIENTS SUITE - TREATMENT/UTILITY FACILITIES

Earlier decision	Ref	10.4 OUTPATIENTS' SUITE - TREATMENT/UTILITY FACILITIES
26	A	A combined treatment/clean utility room for out-patients will be provided in: (a) the out-patient clinic [ ] (b) the day hospital [ ] (c)
52B	B	Out-patients' treatment, injections, etc. will be prepared and carried out: (a) in a combined treatment/utility room [ ] (b) in a consulting room [ ] (c) in the ECT suite [ ] (d)
	C	Patients may be treated: (a) on a couch [ ] (b) seated in a chair [ ] (c)

10.5 OUT-PATIENTS SUITE - DISPOSAL AND CLEANING

Earlier decision	Ref	10.5 OUT-PATIENTS' SUITE - DISPOSAL AND CLEANING
	A	The system of disposal will be: (a) as the Whole Department (see page 95) [ ] (b)
27D 38	B	A small dirty utility room will be required for: (a) the disposal of liquid and solid waste [ ] (b) urine testing [ ] (c)
	C	A specimen collecting WC will be required: (a) adjacent to the dirty utility room [ ] (b)
38H	D	A cleaners' room: (a) will be required [ ] (b) will not be required [ ] (c) will be shared with an adjacent area [ ] (d)
	E	A disposal room: (a) will be required [ ] (b) will not be required [ ] (c) will be shared with an adjacent area [ ] (d)

10.6 OUT-PATIENTS SUITE - SUPPLY AND STORAGE

Earlier decision | Ref | 10.6 OUT-PATIENTS SUITE - SUPPLY AND STORAGE

28A

A The supply delivery frequency and method will be:
(a) as the Whole Department (see page 97) [ ]
(b)

B Pharmacy supplies for out-patients will be stored:
(a) in the treatment/utility room [ ]
(b)

C Storage facilities required for the out-patient sessions will be provided by:
(a) lockable cupboards in the treatment/utility room [ ]
(b) a store room [ ]
(c)

D A lockable cupboard will be required for:
(a) electrical switchgear [ ]
(b)

10.7 OUT-PATIENTS SUITE - OFFICES

Earlier decision	Ref	10.7 OUT-PATIENTS' SUITE - OFFICES
3C	A	Offices will be provided in the administrative suite for: (a) a social worker [ ] (b) community psychiatric nurses [ ] (c)

10.8 OUT-PATIENTS SUITE - STAFF FACILITIES

Earlier decision	Ref	10.8 OUT-PATIENTS' SUITE - STAFF FACILITIES
	A	The approximate number of staff working in the out-patient accommodation during a peak period is estimated, for planning purposes, to be: male _____ female _____ TOTAL _____
	B	Staff will use a WC and wash-hand basin:
24B		(a) provided in the out-patient accommodation [ ]
37C		(b)
	C	Staff changing facilities will be provided:
24B		(a) in the main entrance area [ ]
37B,C		(b) centrally [ ]
		(c)

11. ADMINISTRATIVE SUITE

The district services for mentally ill people require an administrative centre (See HBN, para. 3.19). Most usually, it will be located with the mental illness unit, when it should be near the day hospital and the out-patients suite, if this is provided. The accommodation required will be:

a. Offices* As necessary, bearing in mind provision elsewhere for consultants and clinical psychologists, the senior registrar, the senior nurse, and the administrator. Offices, which may be shared, may be needed for other medical staff, community psychiatric nursing staff, social workers, secretarial staff and voluntary workers. These should be provided and located in relation to local needs.

b. A small conference/seminar room,* if required.

c. A small waiting area for use by staff or visitors to serve all offices is required. It should be conveniently placed and under supervision.

d. A staff WC* to serve all offices, and a WC for patients.*

e. A small store will be needed.
(HBN, para. 4.48)

* For more detailed information about these spaces refer to the Common Activity Spaces Building Note (HBN 40) Volume 1.

ADULT PEOPLE WITH MENTAL ILLNESS (MENTAL ILLNESS UNIT)

11. ADMINISTRATIVE SUITE

Earlier decision	Ref	
	A	An administrative suite for the district service for the adult mentally ill will be based: (a) on the ground floor [ ] (b) near the out-patients' clinics and the day hospital [ ] (c)
	B	Offices will be required for (SPECIFY ESTIMATED NO. OF STAFF):
3,23		(a) each consultant _____
		(b) each clinical psychologist _____
61		(c) a senior registrar _____
		(d) a senior nurse _____
		(e) an administrator _____
		(f) secretarial staff _____
		(g) community psychiatric nursing staff _____
		(h) voluntary workers _____
		(i)
	C	A small waiting area will be required: (a) conveniently placed near rooms where interviews are likely to take place [ ] (b) not immediately outside the offices [ ] (c)
	D	A staff WC with handrinse basin will be required: (a) to serve all offices [ ] (b) and can be shared with one in a related department [ ] (c)
35B,46B	E	Patients' valuables/cash will be kept: (a) in a small safe in the senior nurses' office [ ] (b) in a small safe in the administrator's office [ ] (c)
35D	F	Medical secretary/typing facilities will be available: (a) centrally in the hospital [ ] (b) centrally with additional secretarial facilities in the administrative centre [ ] (c) locally in the administrative area of the department [ ] (d) with audio facilities for all staff [ ] (e)

11. ADMINISTRATIVE SUITE (contd.)

Earlier decision | Ref | 11. ADMINISTRATIVE SUITE (contd.)

23B
57

A Multi-disciplinary and other meetings will take place:
(a) in the day hospital [ ]
(b) in the out-patient suite [ ]
(c)

B Administrative staff will leave their personal belongings/coats:
(a) in the office allocated to them [ ]
(b) in central staff changing accommodation [ ]
(c) in department changing accommodation [ ]
(d)

C Staff will take their refreshments:
(a) in the central restaurant or snack bar of the hospital (meals) [ ]
(b) in the department (beverages) [ ]
(c)

D Beverages will be provided:
(a) from a vending machine [ ]
(b) from a beverage point in the staff seminar/rest room [ ]
(c) from a trolley [ ]
(d)

12.1 ENTRANCE, RECEPTION, WAITING AND RECORDS

As indicated in Chapters 1 and 2, of the HBN, each health authority will need to decide on the pattern of services it is to provide for elderly people with mental illness. The policies advocated by the Department are contained in Appendix 1 of the HBN. It is assumed in this HBN that the service will cater for elderly people with both functional and mental illness and the dementias, from an age to be determined by the health authority in consultation with the multi-disciplinary care team. Appendix 1 outlines the Departmental policy. The age selected will determine the relative sizes of provision for the elderly compared with that for adults. The accommodation described below is for assessment and short term treatment only, supplementing the community based facilities. It should comprise:

a. day hospital;

b. assessment and short-term treatment ward;

c. out-patients suite;

d. adminstration suite for the district's service to the elderly mentally ill (if it is decided that the DGH is the appropriate location: alternatively, it may be decided that the administrative base of the service should be elsewhere, eg at one of the locations in the community).

(HBN, para. 5.2)

Accommodation will also be needed for longer term and continuing residential care of some people. This is not described in this HBN as it should be sited at appropriate locations within the district, together with locally-based day hospitals.
(HBN, para. 5.3)

ELDERLY PEOPLE WITH MENTAL ILLNESS

12. SHARED FACILITIES 12.1 ENTRANCE, RECEPTION, WAITING & RECORDS

Earlier decision	Ref	
	A	The accommodation for elderly people with mental illness should be:
3B,5B 6C,8A		(a) located on the ground floor [ ]
		(b) close to the department of geriatric medicine [ ]
		(c)
	B	The doors to the unit should:
		(a) not face, or be near, a major traffic route either outside or inside the hospital complex [ ]
		(b) be kept to the minimal number possible [ ]
		(c) fitted with a locking device if necessary to prevent unaccompanied patients wandering (dependent on local policy) [ ]
		(d)
	C	The ground adjacent to the building should be:
8B		(a) inviting so as to encourage patients to go out of doors [ ]
		(b) made safe by discrete use of walls and fences [ ]
		(c) accessible through unlocked doors [ ]
		(d)
	D	Elderly patients for admission or attending the day hospital may arrive:
		(a) by car [ ]
		(b) by ambulance [ ]
		(c) occasionally on foot [ ]
		(d)
	E	Patients may be accompanied by:
8D		(a) relatives [ ]
		(b) escorts [ ]
		(c) nursing staff [ ]
		(d) ambulance staff [ ]
		(e)
	F	The peak times for arrival and departure of patients attending the day hospital will be between:
		(a) 09.00 and 10.00 [ ]
		(b) 15.30 and 17.00 [ ]
		(c)

12.1 ENTRANCE RECEPTION WAITING & RECORDS (contd.)

Earlier decision | Ref

12.1 ENTRANCE, RECEPTION, WAITING AND RECORDS (contd.)

A — The entrance will be:
10A
(a) shared with the adult mental illness unit [ ]
(b) a separate entrance to the ward(s) and day hospital for the elderly [ ]
(c) a separate entrance to the day hospital for the elderly only [ ]
(d)

B — The reception of elderly people with mental illness will take place:
11C
(a) at an office with an open counter [ ]
(b) at the main reception of the adult mental illness unit [ ]
(c)

C — This office will also be used for:
(a) supervision of the entrance [ ]
(b) general administration of the day hospital [ ]
(c) storage of current patients' records [ ]
(d)

D — From the office patients will proceed to:
(a) the day hospital [ ]
(b) in-patient accommodation [ ]
(c)

E — The distance from the wards to the day hospital should be:
(a) short enough to allow a few in-patients to make use of the day hospital facilities [ ]
(b)

F — A waiting area will be required for:
11E
(a) patients [ ]
(b) relatives [ ]
(c) visitors [ ]
(d) patients from the day hospital to wait for transport [ ]
(e)

12.2 PATIENT ASSESSMENT

Many elderly people with mental illness can be assessed and treated at home, with the support of the day hospital. However, some patients will need admission for detailed evaluation of their physical and mental states and for short-term treatment. One ward of up to 20 beds should normally suffice. (HBN, para. 5.6)

Earlier decision | Ref

12.2 PATIENT ASSESSMENT

A Patients for assessment will normally be:
(a) admitted for a period of a few weeks [ ]
(b)

B After this they may:
(a) be discharged home [ ]
(b) be transferred to a longer-stay unit [ ]
(c) attend the day hospital [ ]
(d)

C Assessment may be carried out in partnership with:
(a) a consultant geriatrician [ ]
(b) a general medical practitioner [ ]
(c)

12.3 PATIENTS TREATMENT

Earlier decision | Ref | 12.3 PATIENTS' TREATMENT

26

A Most patients will receive their treatment:
(a) in the ward [ ]
(b) in the day hospital [ ]
(c)

B This may be carried out by:
(a) nursing staff [ ]
(b) medical staff [ ]
(c) physiotherapists [ ]
(d) occupational therapists [ ]
(e) chiropodists [ ]
(f) hearing aid technicians [ ]
(g)
(h)
(i)

C Accommodation will be required (INDICATE WHERE) for:

	Day Hospital	Ward(s)
(a) nursing and medical procedures		
(b) physiotherapists		
(c) occupational therapy		
(d) chiropody		
(e) hearing assessment		
(f)		
(g) dental inspections		
(h) hairdressing		
(i)		

13. DAY HOSPITAL

13.1 ENTRANCE, RECEPTION & RECORDS

ELDERLY PEOPLE WITH MENTAL ILLNESS

13. DAY HOSPITAL 13.1 ENTRANCE, RECEPTION AND RECORDS

Earlier decision	Ref	
	A	The peak times for arrival and departure of patients attending the day hospital will be between: (a) 09.00 and 10.00 [ ] (b) 15.30 and 17.00 [ ] (c)
	B	Patients will arrive: (a) by bus from wards [ ] (b) by ambulance [ ] (c) by car [ ] (d) on foot [ ] (e)
	C	Patients may be accompanied by: (a) escorts [ ] (b) relatives [ ] (c) nursing staff [ ] (d) ambulance staff [ ] (e) social worker [ ] (f)
	D	The majority of patients will be ambulant [ ]
10A 11C	E	Patients attending the day hospital will report to: (a) the main reception [ ] (b) a member of staff [ ] (c)
13B	F	Medical records will be kept: (a) in the medical records store [ ] (b) (c) with each day's patients records withdrawn and returned at the beginning and end of each session [ ] (d)
	G	Patients' medical records for emergency admissions will be compiled: (a) at the main reception [ ] (b) in the day hospital [ ] (c)
12A	H	Patients will use the waiting area and cloakroom facilities: (a) adjacent to the main reception [ ] (b)

13.2 DAY HOSPITAL ACTIVITIES

Where the day hospital is part of an in-patient unit it should be adjacent to, and functionally integrated with, the bed-annex ward or wards and associated with any self-contained ward. (See HBN 35, para. 3.10) Most in-patients from bed-annex wards will be in the day hospital throughout the day and will use day hospital accommodation in the evening and weekend outside the normal working hours of therapy staff, taking meals in the day hospital dining area, as will any day patients. Districts will need to decide to what extent day patients should be separated from in-patients. (HBN, para. 3.7)

Thus, day hospitals should be designed with a multiplicity of relatively small areas which are capable of varied use. Rooms will be required for therapy staff, who will inculde:

a. Occupational therapists, who will require provision for "activities of daily living" facilities.
b. Physiotherapists, who will require facilities for group and individual assessment and treatment.
c. Other groups of staff who will be conducting individual and group therapeutic activities.

Dining, sanitary and domestic facilities appropriate to the size and function of the day hospital will also be required. (HBN, para. 3.8)

Day hospitals which are not part of an in-patient unit will require some clean utility and treatment room facilities. These are not required where the day hospital is part of an in-patient unit, as treatment room facilities will be available locally. (HBN, para. 3.9)

Forum (informal sitting)
This is a sitting space contiguous with, but not part of, the circulation route, if possible, adjacent to the staff office so that it can also be used as an informal waiting space. Its prime use is as an informal meeting place for patients and staff. There is an advantage in planning this place adjacent to the dining room and the pantry/kitchen. (HBN, para. 4.5)

Sitting room
This should be sited adjacent to the dining room so that the two can be combined for community meetings and social activities such as dancing and films. The room should be attractively decorated and furnished in a homely style. Patients will relax here between their programmed treatment sessions, after meals when taking tea or coffee, and it will be used by in-patients in the evenings and at weekends. (HBN, para. 4.4)

Quiet room
A small room where patients may relax in peace and quiet is required. It should have a variety of comfortable chairs and may also be used for group therapy. This room will also be used by in-patients in the evenings and at weekends. (HBN, para. 4.6)

Earlier decision | Ref | 13.2 DAY HOSPITAL ACTIVITIES

A The day hospital will require facilities for:

4
(a) assessment, diagnosis and treatment of individual patients [ ]
(b) therapeutic treatment of in-patients [ ]
(c) treatment, including individual and group therapy of patients after discharge from hospital [ ]
(d) occupational therapy, including activities of daily living, hobbies and recreation, both indoors and out of doors [ ]
(e) teaching patients new skills and advice on employment [ ]
(f) patients to dine and sit [ ]
(g) the co-ordination of the work of voluntary agencies [ ]
(h) counselling [ ]
(i)

B The main clusters of activity spaces in the day hospital will be:

4
(a) shared entrance and reception with the department of psychiatry [ ]
(b) physiotherapy, including group work and relaxation classes [ ]
(c) group therapy, including clean and tidy work areas and aids to daily living [ ]
(d) beauty and hairdressing [ ]
(e) dining and servery - sitting [ ]
(f) forum (informal therapy) [ ]
(g) quiet room [ ]
(h) offices and supporting facilities [ ]
(i) cloakroom and sanitary facilities [ ]
(j) treatment room and utilities [ ]
(k) storage [ ]
(l)

13.3 PHYSIOTHERAPY

The physiotherapy spaces should include the following functional areas (which will normally be separate rooms). Sophisticated assessment and treatment will not usually be required; when needed they should be obtained from the main district physiotherapy service.

a. Activity/recreation. This should be large enough for group activities such as vigorous physical exertion, music and movement, and relaxation classes. The room should be large enough for mats to be laid on the floor, and to enable gait problems to be assessed. In large day hospitals more than one area may be required.

b. An office, which should be adjacent to and overlook the functional areas. This will also need to be used for individual patient assessment, and should be large enough to accommodate a wide adjustable couch. In smaller day hospitals, this office should be combined with the occupational therapy office (See HBN 35, para. 4.8e).

c. Storage for mats and other moveable equipment.

Some fixed equipment will be needed, for example, a set of wall bars, a multi-gymnasium, and parallel walking bars. (HBN, para. 4.9)

Earlier decision	Ref	13.3 PHYSIOTHERAPY
3	A	The range of physiotherapy activities provided for will include:
16		(a) group work involving vigorous physical activity [ ]
		(b) music and movement [ ]
		(c) relaxation classes [ ]
		(d) individual patient assessment [ ]
		(e)
	B	These will require facilities in the form of:
		(a) an activity/recreation room [ ]
		(b) large enough for mats to be laid on the floor [ ]
		(c) storage for mats and movable equipment [ ]
		(d) an office/patient assessment room [ ]
		(e)
	C	The activity/recreation room should be fitted with:
		(a) a set of wall bars [ ]
		(b) a multi-gymnasium [ ]
		(c) parallel walking bars [ ]
		(d)

13.4 OCCUPATIONAL THERAPY

Depending on the size of the day hospital one or more rooms for group therapy are required, to be used on a programmed basis. Each room should accommodate up to 10-12 people sitting in a circle, and to prevent duplication of spaces the room(s) should be used for activities such as family therapy, counselling, interviews etc when not being used for group therapy. (HBN, para 4.7)

The occupational therapy spaces should be designed to ensure the effective and flexible use of staff and be capable of multi-use. They need to provide a variety of activities which require a range of social interaction, intellectual ability and manipulative skills. Heavy, fixed, specialised equipment will not be required. The spaces should include:

(a) A clean/quiet activity area, with associated stores where dressmaking, educational activities, and clerical work may be undertaken, with sufficient space for table-top activities. Tables and chairs should be easy to stack. A sink and drainer is required and a display panel should be provided on at least one wall. Task lighting should be provided. In large units these activities may be undertaken in separate but similar rooms, when one should be designated for 'quiter' activities.

(HBN, para. 4.8)

Earlier decision | Ref | 13.4 OCCUPATIONAL THERAPY

3 | A | The range of occupational therapy activities provided for in a 'clean' work area will include:

17 | (a) art [ ]
(b) education [ ]
(c) clerical/office routine [ ]
(d) printing [ ]
(e) dressmaking, flower arranging and table-top activities [ ]
(f) assembly work [ ]
(g)

13.4 OCCUPATIONAL THERAPY (contd.)

The occupational therapy spaces should be designed to ensure the effective and flexible use of staff and be capable of multi-use. They need to provide a variety of activities which require a range of social interaction, intellectual ability and manipulative skills. Heavy, fixed, specialised equipment will not be required. The spaces should include:

(b) A dirty/noisy activity area, with an associated storage space large enough to cope with patients' "work in hand", for activities like woodwork, printing, art, and pottery, (when it will be necessary to install a mobile kiln, which should be in a separate space). Substantial but movable benches will be required and an adequate number of safe socket outlets. Hand power-tools would normally be used, which should be locked away when not in use. A large sink and drainer is required. This space is also likely to be used as the base for remedial gardening and should therefore have direct access to the external garden areas, or internal courtyards, where a greenhouse may be provided either free standing or as an attached conservatory. Flooring in this area should be hardwearing and non-slip. Consideration should be given to the delivery and storage of timber and other materials. In large units, some of these activities might be undertaken in separate but similar rooms.

(HBN, para. 4.8)

Earlier decision | Ref | 13.4 OCCUPATIONAL THERAPY (contd.)

A The range of occupational therapy activities provided for in a 'dirty' work area will include:
18A
(a) pottery [ ]
(b) woodwork [ ]
(c) metalwork [ ]
(d) remedial gardening [ ]
(e)

B The 'dirty' work area should be designed as:
(a) one large room [ ]
(b) separate rooms (SPECIFY NUMBER): _____
(c) with sufficient space for bench-top activities [ ]
(d) with lockable storage for power tools, timber and other materials [ ]
(e)

C The 'dirty' work area should be furnished with:
18B
(a) substantial but movable benches [ ]
(b) an adequate number of socket outlets strategically placed [ ]
(c) a large sink and drainer [ ]
(d)

D Pottery activities will require:
(a) shelving for work in progress [ ]
18C
(b) storage for clay and other materials [ ]
(c) a separate, adjacent, room with kiln [ ]
(d)

E The kiln should be:
18E
(a) accessible only to staff [ ]
(b) provided with extract ventilation [ ]
(c)

F Remedial gardening will require:
(a) direct access to garden areas or internal courtyards [ ]
(b) a free-standing or conservatory-type greenhouse [ ]
(c)

13.5 ACTIVITIES OF DAILY LIVING

The occupational therapy spaces should be designed to ensure the effective and flexible use of staff and be capable of multi-use. They need to provide a variety of activities which require a range of social interaction, intellectual ability and manipulative skills. Heavy, fixed, specialised equipment will not be required. The spaces should include:

(c) An "Activities of Daily Living" (ADL) kitchen area, which should be a separate space. The size and ambience should be that of a 'domestic' kitchen capable of accommodating a small group with equipment similar to that likely to be in the patients' homes. Both electric and gas appliances should be available, but the cookers should not be in corners. All the kitchen cupboards and the refrigerator should be lockable. There should be space for patients to work with the staff and for a proportion of them to sit down and eat.

(d) A beauty/hairdressing space, where facial care, manicure and hairdressing can be undertaken by either a hairdresser (in larger units), a member of staff or by patients themselves. Careful programming of use will be necessary in larger units.

(HBN, para. 4.8)

Earlier decision | Ref | 13.5 ACTIVITIES OF DAILY LIVING

19

A Training for daily living will require:
(a) a kitchen [ ]
(b) beauty/hairdressing facilities [ ]
(c)

B These may be used by:
(a) day patients [ ]
(b) in-patients [ ]
(c)

C The kitchen should contain:
(a) both gas and electrical appliances [ ]
(b)

D Space will be required in the kitchen for:
(a) a proportion of patients and staff to sit down and eat [ ]
(b) cookers to be kept away from corners [ ]
(c) kitchen cupboards and a refrigerator (which should be lockable) [ ]
(d)

19B

E A beauty/hairdressing space is required for:
(a) hairdressing [ ]
(b) facial care [ ]
(c) manicure [ ]
(d)

F Patients' hair may be washed and dried and beauty care given by:
(a) themselves (possibly assisted by another patient) [ ]
(b) a hairdresser [ ]
(c) members of staff [ ]
(d) volunteers [ ]
(e)

13.6 DINING AND PANTRY

It is recommended that the dining area should be sized for one sitting only, to allow for the use of this space for other purposes, eg recreation and large group meetings. A dining space which is too small will inhibit this. Careful consideration needs to be given to the design requirements as the dining room may be required to serve in-patients, day patients, or both. The arrangements will depend upon the location of the day hospital, eg they are likely to be different at the DGH from those at a community location.

(1) At the DGH

a. It is assumed that there will be central catering facilities and a central washing-up service, and that patients will receive food served by the staff or patients from an insulated bulk trolley. In some units, a plated meal or tray service may provide an acceptable alternative.

b. A pantry is required for the preparation of beverages to be consumed in the dining room, sitting area, forum, or elsewhere. Ample storage is required for dry goods and for limited crockery and cutlery. A refrigerator will be required for milk and butter storage and any other perishable food required for snacks. Facilities for washing up beverage and snack crockery and for handwashing will also be required. Space should be sufficient for two people to work at the same time and a serving hatch to the dining area may be an advantage.

c. Trolley parking space will be required for catering and beverage trolleys.

(2) Community locations

a. It is essential at a very early stage to determine how main meals will be supplied, as the choice of service will have a profound effect upon the space required. The options include:
   i. Insulated containers supplied from a hospital or meals on wheels kitchen.
   ii. Cook/freeze or cook/chill meals supplied in bulk and cooked in micro-wave ovens or heated trolleys.
   iii. Cooking on the premises.

b. For supply by a hospital, the provision will be similar to that described for the DGH.

c. For cook/freeze or cook/chill provision, more space will be required to accommodate the necessary freezers, ovens, and trolleys.

d. A self-contained kitchen is the most expensive option in both capital and running costs and has not been considered in detail in this Note. (See HBN 10, Catering) It could also be used for therapeutic programmes for some patients, (eg self catering programmes). A pantry should not normally be required.
(HBN, para. 4.3)

Earlier decision	Ref	13.6 DINING AND PANTRY
	A	The day hospital will serve meals to:
4B,C		(a) day hospital patients [ ]
		(b) in-patients [ ]
		(c)
	B	Menus will be selected:
		(a) on arrival in the dining room [ ]
		(b) in advance by in-patients from a menu [ ]
		(c)
	C	Meals will be provided:
8C		(a) by the central catering department of the DGH [ ]
9B		(b) by the catering department from a hospital
		(SPECIFY) _____
12D		(c) in bulk insulated trolleys to a pantry [ ]
		(d) by plated meals service [ ]
		(e) by tray service [ ]
		(f) by cook/freeze or cook/chill [ ]
		(g) by a self-contained kitchen [ ]
		(h)
	D	On arrival the food containers will be transferred to:
		(a) bain maries [ ]
		(b)
	F	Patients' meals will be served:
6A		(a) in one sitting [ ]
		(b) on a cafeteria basis [ ]
		(c)
	G	Beverages will be prepared:
11E		(a) in the pantry [ ]
		(b) for patients [ ]
		(c) for staff [ ]
		(d)
	H	Washing up will be:
8C		(a) returned to the central wash-up facilities in the main hospital, except for beverage items [ ]
9B		(b) carried out in a kitchen provided in the day hospital [ ]
		(c)

13.6 DINING & PANTRY (contd.)

Earlier decision | Ref

13.6 DINING AND PANTRY (contd.)

A Facilities will be required in the pantry for:

(a) storage of dry foods [ ]

(b) storage of milk (SPECIFY METHOD): _____

(c) storage of butter and other perishable food [ ]

(d) crockery and cutlery (up to _____ patients) (depending on local washing-up policy) [ ]

(e) handwashing [ ]

(f) disposal of wet and dry waste [ ]

(g) parking catering trolleys [ ]

(h) space for _____ staff

(i) holding and serving hot foods [ ]

(j) holding and serving cold foods [ ]

(k) provision of beverages [ ]

(l)

(m)

13.7 SITTING SPACE

Sitting room

This should be sited adjacent to the dining room so that the two can be combined for community meetings and social activities such as dancing and films. The room should be attractively decorated and furnished in a homely style. Patients will relax here between their programmed treatment sessions, after meals when taking tea or coffee, and it will be used by in-patients in the evenings and at weekends. (HBN, para. 4.4)

Forum (informal sitting)

This is a sitting space contiguous with, but not part of, the circulation route, if possible, adjacent to the staff office so that it can also be used as an informal waiting space. Its prime use is as an informal meeting place for patients and staff. There is an advantage in planning this place adjacent to the dining room and the pantry/kitchen. (HBN, para. 4.5)

Quiet room

A small room where patients may relax in peace and quiet is required. It should have a variety of comfortable chairs and may also be used for group therapy. This room will also be used by in-patients in the evenings and at weekends. (HBN, para. 4.6)

Therapy areas

Depending on the size of the day hospital one or more rooms for group therapy are required, to be used on a programmed basis. Each room should accommodate up to 10-12 people sitting in a circle, and to prevent duplication of spaces the room(s) should be used for activities such as family therapy, counselling, interviews etc when not being used for group therapy. (HBN, para. 4.7)

Earlier decision | Ref | 13.7 SITTING SPACE

A — Sitting space will be required in the day hospital for patients:
22A
(a) to relax on arrival and before and after meals [ ]
(b) to rest between programmed treatment sessions [ ]
(c) for social activities during the day, evening and weekends [ ]
(d)

B — This space should be made adaptable by:
22B
(a) planning it adjacent to the dining room so the two can be combined for social activities [ ]
(b) providing movable screens to divide the overall space [ ]
(c)

C — Patients will also need:
22C
(a) a quiet room (which may also be used for group therapy) [ ]
(b) a forum (informal sitting space) for patients and staff [ ]
(c)

D — A separate group therapy room will be needed for use on a programmed basis:
22D
(a) in a quiet part of the day hospital [ ]
(b)

E — These rooms should accommodate:
22E
(a) 8-10 persons [ ]
(b) 10-12 persons [ ]
(c) 12-14 persons [ ]
(d)

F — The rooms may be used by patients for:
22F
(a) sitting [ ]
(b) playing and listening to music [ ]
(c) a library [ ]
(d)

G — One room should be suitable for use:
22G
(a) for group and individual behavioural therapy, with video tape and sound recording [ ]
(b)

13.8 OFFICES

The staff office is the focal administration area which should be the reception point to the day hospital and hold the current records of patients. It should be accessible to all staff if possible, be near the entrance and to the patients' forum and could be the nursing staff base. (HBN, para. 4.11)

Earlier decision | Ref | 13.8 OFFICES

23

A An office will be required within the day hospital for the use of all staff including:
(a) the sister/charge nurse [ ]
(b) the head occupational therapist [ ]
(c) doctors [ ]
(d) the community psychiatric nurses' base [ ]
(e) social and community services (interview room/s) [ ]
(f) social worker [ ]
(g) interviews [ ]
(h)

B Staff meetings and case conferences will be held:
(a) in a staff room in the day hospital [ ]
(b)

13.9 STAFF FACILITIES

A staff cloakroom, adjacent to the staff office, is required, where staff may hang coats and keep valuables safely. A WC with wash basin is required in this area. (HBN, para. 4.12)

Earlier decision | Ref | 13.9 STAFF FACILITIES

24 A The approximate number of staff working in the day hospital during a peak period is estimated, for planning purposes, to be:

male _____

female _____

TOTAL _____

B Staff will use:
(a) the central changing accommodation of the hospital, with small lockers for personal possessions provided in a small cloakroom in the day hospital [ ]
(b) changing accommodation for male and female staff provided in the day hospital [ ]
(c) changing accommodation for male and female staff close to the day hospital [ ]
(d)

C Staff rest room facilities will be provided:
(a) in the seminar/staff room of the day hospital [ ]
(b) in a separate staff room in the day hospital [ ]
(c)

D Staff WC/handrinse facilities will be provided:
(a) close to the cloakroom [ ]
(b)

13.10 EDUCATION

Earlier decision	Ref	13.10 EDUCATION
23B,25A 78B	A	Multi-disciplinary meetings will be held: (a) in a staff room in the day hospital [ ] (b)
25B	B	Clinical instruction and teaching will take place: (a) in seminar rooms [ ] (b) in the physiotherapy spaces [ ] (c) in the occupational therapy spaces [ ] (d) in the daily living area [ ] (e)
	C	Instruction or advice to patients and relatives may be given: (a) in any suitable area [ ] (b)

13.11 TREATMENT FACILITIES

A patients utility room and a treatment/clean utility room will be required when the day hospital is not associated with a ward. (See 4.32 and 4.33) (HBN, para. 4.10)

Earlier decision | Ref | 13.11 TREATMENT FACILITIES

26

A A small treatment/clean utility room will be required for patients to receive:
(a) injections [ ]
(b) medication [ ]
(c) first aid [ ]
(d) medical examinations [ ]
(e)

B This room should be:
(a) fitted with a locks to the door [ ]
(b) locks to cupboards containing drugs, lotions and syringes [ ]
(c) designed so that the function and contents are not apparent from the outside [ ]
(d) to hold mobile resuscitation apparatus [ ]
(e)

C A treatment bathroom is required for:
(a) assessment [ ]
(b) some treatment care [ ]
(c)

13.12 DISPOSAL & CLEANING

Earlier decision | Ref

13.12 DISPOSAL AND CLEANING

A The system of disposal will be:
(a) as the Whole Department (see page 95) [ ]
(b)

B Materials for disposal or reprocessing will be stored:
(a) in a disposal room situated near the 'clean' and 'dirty' work areas entrance/exit to the day hospital [ ]
(b)

C Pathology specimens will await collection (SPECIFY WHERE):

_____

D Urine testing facilities will:
(a) not be required in the day hospital [ ]
(b) be provided in the out-patient department [ ]
(c) be required (SPECIFY WHERE):
(d) _____

E Disposable items used will include:
(a) paper towels [ ]
(b) beverage materials [ ]
(c)

F A cleaners' room will be required in the day hospital [ ]

G Heavy cleaning equipment will be stored:
(a) SPECIFY: _____
(b)

13.13 SUPPLY & STORAGE

Earlier decision | Ref | 13.13 SUPPLY AND STORAGE

A The supply delivery frequency and method will be as:
(a) the Whole Department (see page 97) [ ]
(b)

B A lockable cupboard will be required for:
(a) electrical switchgear [ ]
(b)

C Pharmacy supplies, medicines, etc. will be stored:
26A,28C (a) in the treatment/clean utility [ ]
(b)
81

D Personal clothing from patients will be stored:
(a) in a storage space [ ]
(b) in a storage room [ ]
(c) near to the reception area [ ]
(d)

E Stores will be required for:
17A (a) occupational therapy materials [ ]
(b) occupational therapy timber and metal [ ]
(c)

F Wheelchairs and stretcher trolley will be kept:
11B (a) in an open bay [ ]
(b) near to the main entrance and reception [ ]
(c)

14. SELF-CONTAINED WARD ACCOMMODATION
14.1 RECEPTION & RECORDS

ELDERLY PEOPLE WITH MENTAL ILLNESS (MENTAL ILLNESS UNIT)
14. SELF-CONTAINED WARD ACCOMMODATION 14.1 RECEPTION & RECORDS

Earlier decision	Ref	
	A	Patients may be admitted: (a) by a general medical practitioner referral [ ] (b) as a result of domiciliary visits [ ] (c) via the accident and emergency department [ ]
10E		(d) by transfer from another department [ ] (e) by transfer from the day hospital or out-patients [ ] (f) as a result of a compulsory order [ ] (g) by self-referral [ ] (h)
	B	Documentation of patients will be carried out by:
13A		(a) (b)
	C	And this will take place:
13A		(a) (b)
	D	Patients may arrive at the ward: (a) on foot [ ] (b) in a wheelchair [ ] (c) on a trolley [ ] (d)
	E	Patients may be accompanied, on arrival, by: (a) friends or relatives [ ] (b) escorts [ ] (c) hospital staff [ ] (d) ambulance staff [ ] (e)
	F	Patients' medical records will be kept:
13		(a) in the ward, for current in-patients only [ ] (b)
	G	Patients' medical records for emergency/night admissions will be compiled: (a) at the main reception [ ] (b) in the ward [ ] (c)
	H	Patients for admission will report:
11C,13 29H		(a) to the main reception [ ] (b)

14.2 PATIENTS' FACILITIES - BEDROOMS

The majority of mentally ill people do not need bedside nursing care but require sleeping accommodation comparable to a small domestic bedroom. Standard bedhead units, piped oxygen and suction are not required. (HBN, para. 4.19)

Patients will require easy access to clothing and other personal possessions. Personal storage facilities with appropriate security should be provided within each bedroom, with a small store elsewhere for the personal belongings of patients who temporarily cannot be permitted to have access to them. (HBN, para. 4.20)

Single and multi-bedrooms should be provided. This allows male and female patients to be cared for in the same ward whilst allowing adequate segregation and privacy. Mothers admitted with their babies will require a single room, which can be observed easily by the nursing staff. It is not envisaged that children over about one year old will be resident other than in very exceptional circumstances. The ratio of single to multi-bedrooms is a matter for local decision, based on the philosophy of care adopted, bearing in mind the capital, and possibly revenue, implications of a large number of single bedrooms. This is a complex issue, as it may be that single bedrooms are capable of more flexible use. (HBN, para. 4.21)

The minimum bedspace for a patient is 2.5m x 2.9m. This will provide personal space for the patient, and is such that care and treatment can be given in the space when required. Each bedspace will require a divan bed, not so low as to make bedmaking difficult; chairs; chest of drawers; and a wardrobe with space for hanging clothing and for storage. (HBN, para. 4.22)

Single Bedrooms should be suitable for a variety of users, be furnished and equipped in a manner smaller to the bed spaces in the multi-bedrooms, and contain a wash-hand basin. At least one single room should have a lockable communicating door to a domestic bathroom so that a patient needing isolation, a mother with her baby, or a person requiring social retraining can use the bathroom en suite. The bathroom should also have a door to the corridor so that when not used en suite it can be used by other patients. (HBN, para. 4.23)

A special room solely for the temporary care of a severely disturbed patient may be required, but the professional team should be asked whether more than one is needed per unit. It should be close to the staff base and have:

(a) a robust door which can be opened only by the staff from the outside, and which opens outwards;

(continued on next Guidance page)

Earlier decision | Ref | 14.2 PATIENTS' FACILITIES - BEDROOMS

30

A Male and female patients will be accommodated:
(a) in the same ward [ ]
(b) in separate wards [ ]
(c)

B Knowledge of patients' whereabouts and activities should be made possible by:
(a) siting at least half the beds, including four singles, near the staff base [ ]
(b) designing rooms so that patients can be observed from the doorway [ ]
(c)

C Observation and awareness can be assisted by the use of:
(a) skilfull planning of rooms and circulation areas [ ]
(b) vision panels [ ]
(c) partially-glazed partitions on to the corridor [ ]
(d)

D Single rooms will be used for:
(a) disturbed or noisy patients [ ]
(b) physically ill patients [ ]
(c) mothers admitted with their babies [ ]
(d) balancing the provision between sexes [ ]
(e) personal reasons [ ]
(f)

E Single bedrooms will be furnished:
(a) in a similar manner to bed-spaces in the multi-bedrooms [ ]
(b) with one having a lockable connecting door to a domestic bathroom [ ]
(c) with one being designated as a 'special' room for the temporary care of a severely disturbed patient [ ]
(d)

(b) a vision panel of toughened glazing suitable for staff observation sited either in the door, or in a wall, which can be screened from the outside when privacy is required, and which gives as much all round vision of the room as possible;
(c) windows should have safety glass and restricted opening;
(d) three light fittings which should all be ceiling mounted, flush and unbreakable, with -
  (i) the main light, controlled by a switch outside the room,
  (ii) a separate night light to give a pool of light by the door, with a switch outside the room,
  (iii) an overbed light. The local bed head switch should be capable of being isolated by means of an override switch mounted outside the room.
(e) heating which cannot be tampered with, controlled from outside the room,
(f) sound containment to a reasonable level.

The need for a suitably equipped en suite WC will need to be decided by the project team. (HBN, para 4.24)

Multi-bedrooms should normally contain four or five beds each, of the divan type. Each patients should have a clearly identifiable bedspace as described in paragraph 4.22. Privacy for patients can be achieved by a suitable arrangement of furniture, partitions and curtains. There may be a need for one or more two-bedded rooms, one of which should be equipped with Kings Fund beds to cater for the occasional patients who need physical nursing care. The size and number of multi-bedrooms in a ward is a matter for local decision. (HBN, para. 4.25)

Earlier decision | Ref | 14.2 PATIENTS' FACILITIES - BEDROOMS (contd.)

31

A Multi-bed rooms should be:
(a) designed to give patients a sense of their own territory [ ]
(b) furnished attractively and in a homely way [ ]
(c) furnished with hard-wearing and movable furniture [ ]
(d) provided with a display board in each bedspace [ ]
(e)

B Patients' personal clothing and other items will be kept:
(a) in the vicinity of each bedspace [ ]
(b)

C using:
(a) a wardrobe [ ]
(b) a chest of drawers [ ]
(c) a bedside table [ ]
(d)

D Secure storage of personal clothing and other items will be provided by:
(a) lockers in a store room [ ]
(b)

14.3 PATIENTS FACILITIES - TREATMENT

A quiet room is required in all wards. In a bed annex ward, most patients will use the adjacent day hospital most of the time during the day, evenings and at weekends. However, one or two patients may be kept back in the bed-annex ward and may need to use this quiet room during the day. Meals may need to be served in this room. In a self-contained ward, this room may also be used for group therapy during the day and informally by in-patients during the evenings and weekends as an alternative to a sitting area, and a TV aerial outlet is required. (HBN, para. 4.36)

Earlier decision | Ref | 14.3 PATIENTS' FACILITIES - TREATMENT

32A

A Treatment of in-patients may take place in:
(a) the ward [ ]
(b) the day hospital [ ]
(c) recreation areas [ ]
(d) the ECT suite [ ]
(e)

B A quiet room will be required for:
(a) group therapy [ ]
(b) occupational therapy [ ]
(c) use as an alternative sitting area [ ]
(d)

14.4 PATIENTS FACILITIES - DINING/PANTRY

Earlier decision | Ref | 14.4 PATIENTS' FACILITIES - DINING/PANTRY

Earlier decision	Ref	
20C 33	A	Patients' meals will be distributed by a: (a) tray service [ ] (b) plated meals service [ ] (c) bulk food trolley service [ ] (d)
	B	Meals will be served by: (a) nursing staff [ ] (b) catering staff [ ] (c)
20A,B	C	In-patients will take their meals: (a) in a dining room in the self-contained ward [ ] (b) in their bedroom [ ] (c) in a dining area shared between two self-contained wards [ ] (d) in the day hospital dining room (if ambulant) [ ] (e)
20G,33	D	Beverages and light snacks for patients may be prepared: (a) in the ward pantry [ ] (b) in a pantry shared between two wards [ ] (c)
	E	Facilities will be required in the pantry for: (a) storage of dry foods [ ] (b) storage of milk (SPECIFY METHOD): _____ (c) crockery and cutlery, associated with beverages and snacks (up to _____ patients) [ ] (d) handwashing [ ] (e) disposal of wet and dry waste [ ] (f) parking a catering trolley [ ] (g) circulation space for 2-3 staff and/or patients [ ] (h) heating water (electric kettles) [ ] (i)
8C,9A 33	F	Washing up facilities will be provided: (a) centrally by the catering department [ ] (b) in the pantry for beverage and snack utensils only [ ] (c)

14.5 PATIENTS FACILITIES - SANITARY

The recommended scale of provision of WCs is one per five patients. Additional WCs should be included in bathrooms and shower rooms. Each WC should have a wash-hand basin. It will be a matter for local decision whether WCs are separately designated for men or women, but the labels on the doors should be interchangeable according to the ratio of male to female patients. (HBN, para. 4.26)

Bath/shower rooms should be provided on a scale of one to six patients. The proportion of bathrooms to shower rooms is a matter for local decision. One bathroom should be an assisted bathroom, as should one shower room. (See HBN 40, "Common Activity Spaces", Volume 1). All bathrooms and shower rooms should contain a WC and wash-hand basin. Hair washing may be undertaken in the assisted bathroom or assisted shower room by the use of a hand spray sited to serve the basin and the bath. Hair driers should be used in the patient's bed area. (HBN, para. 4.27)

The doors to the WC, bath and shower rooms should have a 'vacant/engaged' indicator. All the locking devices must have an external release and the doors should be able to open outwards in an emergency. (HBN, para. 4.28)

Earlier decision | Ref | 14.5 PATIENTS' FACILITIES - SANITARY

34

A In-patients' WCs will be:
(a) separately designated for male and female, using interchangeable labels [ ]
(b) unisex [ ]
(c)

B A WC and wash-hand basin should be provided:
(a) in each bathroom/shower [ ]
(b) close to and relating to each multi-bed room [ ]
(c) close to single rooms [ ]
(d)

C Wash-hand basins only will be required:
(a) in each single bedroom [ ]
(b) excluding the special single room [ ]
(c)

D Bathrooms and showers should be large enough to permit:
(a) the patient to be accompanied by a nurse [ ]
(b) access by a wheelchair [ ]
(c) use of a mobile hoist (assisted bathroom) [ ]
(d)

E Patients' hairwashing facilities should be provided in:
(a) an assisted bathroom (hand-spray) [ ]
(b) an assisted shower [ ]
(c)

F The estimated summary of the sanitary facilities required is as follows:

(a) WC with wash-hand basin _____

(b) assisted shower/WC/wash-hand basin _____

(c) shower _____

(d) assisted bathroom/WC/wash-hand basin _____

(e) domestic bathroom/WC/wash-hand basin _____

(f)

(g) TOTAL _____

14.6 STAFF FACILITIES - OFFICES

The staff office is the administrative base of the ward from which staff can observe patients' movements and also where patients may locate staff. It should be accessible to staff of all disciplines and if possible should be near the single bedrooms. It may also be the reception point to the ward and will hold current records of patients. Staff hand-over will take place here. In the bed annex ward, it incorporates what was known as the "Sister's/Charge Nurse's Office". (4.11). Temporary secure storage for patients' valuables will be needed. (HBN, para. 4.29)

The staff base is the space where patients and staff can pause to sit and have a conversation uninhibited by the sense of closure which a room provides. It should be adjacent to the staff office and be furnished with easy chairs and a low table. The lighting should provide identification of the space and be so arranged that staff can read at night. Staff must be able to observe the doors to single bedrooms and the corridor to the other bedrooms. It is not an administrative area but a place from which staff can observe patients' movements and patients can locate staff, especially at night. The indicator lights for the call system and Controlled Drugs cupboard must be visible. A transfer of staff/staff calls to an adjacent area in the psychiatric unit may be needed. A telephone kiosk with a coin operated telephone, capable of being used by a disabled person, should be located nearby. (HBN, para. 4.30)

Earlier decision	Ref	14.6 STAFF FACILITIES - OFFICES
35	A	The day to day general nursing management of the in-patient section will be undertaken by: (a) a sister/charge nurse [ ] (b)
35	B	A staff office will be required with facilities for: (a) conversation, reporting and interviews in privacy [ ] (b) storage of current patients' records [ ] (c) reception of visitors [ ] (d) storage of patients' valuables [ ] (e) use of telephone in privacy [ ] (f)
35	C	A staff base will provide facilities for: (a) general visual and auditory observation of patients' movements (especially at night) (b) staff/patient discussion in an informal atmosphere [ ] (c) parking of patients' trolley telephone [ ] (d) indicating lights of call system and controlled drugs cupboard [ ] (e) observation of entrance or entry corridor [ ] (f)
35	D	Medical secretary/typing facilities will be available: (a) centrally in the hospital [ ] (b) in an administration area of the department [ ] (c) with audio facilities for all staff [ ] (d)

14.7 STAFF FACILITIES - EDUCATION

Earlier decision | Ref | 14.7 STAFF FACILITIES - EDUCATION

36

A Multi-disciplinary meetings will be held:
(a) in the staff ward office [ ]
(b)

B Clinical instruction and teaching will take place:
(a) in the ward office [ ]
(b) in the day hospital [ ]
(c) in seminar rooms [ ]
(d) at the bedside [ ]
(e) in the day areas [ ]
(f) at the staff base [ ]
(g)

C Instruction or advice to patients and relatives may be given:
(a) in any suitable area [ ]
(b)

14.8 STAFF FACILITIES - SANITARY/CHANGING

Earlier decision | Ref

14.8 STAFF FACILITIES - SANITARY/CHANGING

6C-F 37

A The approximate number of staff working in the self-contained wards during a peak period is estimated for planning purposes to be:

	male	female	TOTAL
(a) wards with _____ beds	____	_____	_____
(b) wards with _____ beds	____	_____	_____
(c)			

B Staff will use:
(a) the central changing accommodation of the hospital with small lockers for personal possessions provided in a small cloakroom in the ward [ ]
(b) changing accommodation in the ward cloakroom [ ]
(c) in a cloakroom shared between two wards [ ]
(d)

C Staff WC/handrinse facilities will be provided:
(a) associated with the cloakroom [ ]
(b) shared between two wards [ ]
(c)

D Separate changing accommodation will be required for male staff and this will be (SPECIFY): _____

14.9 SUPPORTING FACILITIES - DISPOSAL & CLEANING

Earlier decision | Ref | 14.9 SUPPORTING FACILITIES - DISPOSAL AND CLEANING

A The system of disposal will be:
38 (a) as Whole Department (see page 95) [ ]
(b)

B A dirty utility room will be required for:
(a) the emptying of urinals, bedpans, sputum containers and vomit bowls [ ]
(b) the temporary holding of items waiting for disposal and processing before transfer to a disposal room [ ]
(c) the storage of non-disposable bedpans/disposable bedpans and holders [ ]
(d) non-disposable urinals/disposable urinals [ ]
(e) washing bowls [ ]
(f) flower vases [ ]
(g) urine-testing facilities [ ]
(h) vomit bowls [ ]
(i) incontinence pads [ ]
(j) sputum containers [ ]
(k)

C The bedpan system will be:
(a) non-disposable [ ]
(b) disposable [ ]
(c)

D Bedpans/bedpan holders will be kept:
(a) in the dirty utility [ ]
(b)

E Disposable items and their contents will be disposed of by using:
(a) a macerator in the dirty utility [ ]
(b)

F A patients' utility room will be required:
(a) in each ward [ ]
(b)

G Patients will launder small items such as personal clothing:
(a) in a patients' utility room [ ]
(b)

H A cleaners' room will be required:
(a) in each ward [ ]
(b) shared between wards [ ]
(c)

I Pathology specimens will await collection from:
(a) SPECIFY _____
(b)

14.10 SUPPORTING FACILITIES - SUPPLY & STORAGE

Earlier decision | Ref | 14.10 SUPPORTING FACILITIES - SUPPLY AND STORAGE

39

A The supply delivery frequency and method will be:
(a) as the Whole Department (see page 97) [ ]
(b)

B Secure storage areas will be required for:
(a) nursing equipment and furniture [ ]
(b) bulk disposable goods, decorations, etc. [ ]
(c) patients' suitcases, personal effects and clothing [ ]
(d) clothing and linen [ ]
(e)

C Linen supply will be by:
(a) a requisition system [ ]
(b) a topping-up system [ ]
(c) exchange trolley system [ ]
(d)

D and will provide facilities for the storage of:
(a) laundry equipment for patients' clothes [ ]
(b) flower vases [ ]
(c)

E A lockable cupboard will be required for:
(a) electrical switchgear [ ]
(b)

15.1 DISPOSAL & CLEANING - WHOLE DEPARTMENT

Earlier decision | Ref | 15. SUPPORTING SERVICES 15.1 DISPOSAL & CLEANING - WHOLE DEPARTMENT

27,38,49
59,82,93

A The system of disposal will be:
(a) soiled linen in bags, colour coded _____
(b) foul linen in bags, colour coded _____
(c) patients' personal clothing for laundry in bags, colour coded _____
(d) soiled dressings in bags, colour coded _____
(e) HSDU items in bags, colour coded _____
(f) HSDU items in labelled containers [ ]
(g) waste for destruction in bags, colour coded _____
(h) returnable items in labelled containers [ ]
(i) returnable bottles to pharmacy (SPECIFY): _____
(j) _____

B Linen/clothing will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

C Waste for destruction will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

D Pathology specimens will be collected:
(a) daily [ ]
(b) twice daily [ ]
(c)

E Disposable items used will include:
(a) bedpan liners [ ]
(b) urinals [ ]
(c) vomit bowls [ ]
(d) incontinence pads [ ]
(e) aprons [ ]
(f) sacks [ ]
(g) plastic drawsheets [ ]
(h) paper towels [ ]

F Hand-drying in WC facilities will be by:
(a) disposable towels [ ]
(b) non-disposable towels (supplied by hospital) [ ]
(c) non-disposable towels (supplied by outside contract) [ ]
(d)

15.1 DISPOSAL & CLEANING - WHOLE DEPARTMENT (contd.)

Earlier decision | Ref

15.1 DISPOSAL AND CLEANING - WHOLE DEPARTMENT (contd.)

A Cleaning will be carried out:
(a) partially by domestic staff working exclusively in the department and partially by teams working outside busy periods [ ]
(b) by domestic staff working in the department only [ ]
(c)

B The person responsible for organising domestic services will be:
(a) a domestic superintendent [ ]
(b) a domestic supervisor [ ]
(c) a housekeeper [ ]
(d)

C Who will require accommodation:
(a)
(b)

15.2 SUPPLY & STORAGE - WHOLE DEPARTMENT

Earlier decision | Ref

15.2 SUPPLY AND STORAGE - WHOLE DEPARTMENT

28,39,50 60,83,94

A Supply deliveries to be controlled by a topping-up system will be:

	no. of days' stock	frequency of delivery
(a) sterile supplies		
(b) linen		
(c) pharmacy supplies		
(d) medical and surgical sundries		
(e) cleaning materials		
(f) hardware and crockery		
(g) stationery		
(h) catering provisions - milk		
(i) catering provisions - dry goods		
(j) bulk disposables		
(k)		

B Supply deliveries to be controlled by a requisition system will be:

	no. of days' stock	frequency of delivery
(a) sterile supplies		
(b) linen		
(c) pharmacy supplies		
(d) medical and surgical sundries		
(e) cleaning materials		
(f) hardware and crockery		
(g) stationery		
(h) catering provisions - milk		
(i) catering provisions - dry goods		
(j) bulk disposables		
(k)		

C Supply deliveries by exchange trolley will include:
(a) linen [ ]
(b)

D Central storage facilities will be provided in the department for:
(a) medical records (in the medical records office) [ ]
(b)
(c)

15.3 COMMUNICATIONS AND OTHER ENGINEERING SERVICES

Wireways for telephones

Central telephone facilities for internal and external calls, either in separate or combined form, will normally be available and should be extended to service this accommodation in accordance with the requirements shown on Activity Data sheets. Telephones will normally be of the desk pattern but in bed areas, or adjacent to them, they should be fitted with an indicating call-light and a bell or buzzer of subdued tone which can be switched out of use. (HBN, para. 8.91)

Approved telephone outlets for use with a coin-operated telephone trolley should be provided in single and multi-bedrooms and also where ambulant patients may use a telephone with reasonable privacy. An outlet should also be provided at the normal parking location of this mobile unit. To assist patients with impaired hearing the handset earpiece should be fitted with an inductive coupler suitable for use with hearing aids. To minimise revenue costs all outlets should be common to one out-going exchange line. (HBN, para. 8.92)

Staff/staff alarm system

Staff/staff call points should be provided in all patient areas of the in-patients and day patient accommodation including patient sanitary facilities. Each call unit should comprise a pull switch, reassurance lamp and reset switch and should be installed 600 mm above floor level immediately adjacent to the closing stile of all doors leading to patient areas. Where double doors are provided, eg bedrooms, the call unit should be installed adjacent to the hanging stile of the narrow leaf. (HBN, para. 8.84)

Call system (general)

A visual and audible indication of operation should be provided at the staff base to give responding staff unambiguous identification of the call type and source. The audible signal initiated by patients should operate for one second at ten second intervals until cancelled. The audible alarm signal initiated by staff should operate intermittantly at half second intervals and if after a predetermined period it has not been cancelled the alarm should be automatically triggered at an adjacent staff base. Hospital policy may also require a staff/staff emergency alarm to be transferred to a centrally manned point. (HBN, para. 8.85)

Local visual indication of room source to supplement that provided at the staff base may be required in circulation spaces serving the in-patient and day patient accommodation. If this facility is provided staff/staff alarm calls should be readily distinguisable from patient/staff calls. (HBN, para. 8.86)

All call systems should operate at extra-low voltage and further general guidance is given in HTM 15[38] and Engineering Data Sheet DU 3.1.[39]

(Continued on next Guidance page)

Earlier decision | Ref

15.3 COMMUNICATIONS AND OTHER ENGINEERING SERVICES

A Telephone communication will be provided by:
(a) an appropriate PABX system, with suitable barring [ ]
(b) an appropriate PABX system, plus PBX system [ ]
(c)

B Intercom will be required:
(a) throughout the department [ ]
(b)

C Staff location will be via:
(a) pocket receivers issued to all essential staff [ ]
(b) an induction wire loop system [ ]
(c) a VHF/UHF system [ ]
(d)

D Other communication systems required will include:
(a) patient/nurse call facilities [ ]
(b) emergency staff/staff call facilities [ ]
(c) warning indicator lights for controlled drugs cupboards [ ]
(d) an intruder alarm at staff bases [ ]
(e)

11E E Patients will be able to make personal 'phone calls using:
(a) coin operated 'phones in main waiting area and adjacent to wards (shared) [ ]
(b) a telephone trolley (in bedrooms and day areas) [ ]
(c)

F TV aerial points will be required in:
22 (a) bedrooms [ ]
77 (b) day/sitting areas [ ]
(c)

G Facilities for patients to listen to public and hospital broadcasts will be required:
(a) to all bedheads (for headphones) [ ]
77 (b) to all day/sitting areas [ ]
(c) to the ECT waiting area (music) [ ]
(d)

H In addition to general lighting suitable provision will be required for:
(a) night lighting [ ]
(b) patients' individual bedhead lights [ ]
(c)

I Emergency lighting can be provided by:
(a) a central hospital system [ ]
(b) handlamps [ ]
(c)

15.3 COMMUNICATIONS AND OTHER ENGINEERING SERVICES (contd.)

Staff location system

The staff location system employed in the hospital should be extended to give adequate cover to this department. Guidance on these systems is given in HTM 20. (HBN, para. 8.90)

Fire-fighting equipment

Fire-fighting equipment should consist of either hose-reels or portable fire extinguishers positioned so that adequate cover is given to the whole interior of the department. Hose-reels, in accordance with BS 5306 Part 1 and usually with 30m of hose, should be located so that the jet of water from the fully extended hose is capable of reaching every point on the floor area without interruption after due allowance is made for furniture and fittings. The provision of hose reels should be considered in conjunction with the Fire Officer to avoid potential problems arising from hoses being taken through smoke stop doors and across routes for the evacuation of beds or wheelchairs. (HBN, para. 8.45)

As an alternative to hose-reels, 9 litre water extinguisher should be provided on the basis of one extinguisher per 200m^2 if floor area with a minimum provision of two extinguishers per fire compartment.

Carbon dioxide extinguishers should always be provided to cover electrical risks, but for other risks eg ignited liquid or gas, either carbon dioxide or dry powder extinguishers are appropriate. All extinguishers should comply with BS 5423 and further guidance concerning their selection and use is given in HTM 81.

Earlier decision	Ref	15.3 COMMUNICATIONS AND OTHER ENGINEERING SERVICES (contd.)
28B,39D 83B	A	A switchroom will be required: (a) located centrally [ ] (b) combined with a plant room [ ] (c)
19C 74C	B	Domestic gas will be required: (a) in the activities of daily living suites [ ] (b)
	C	Domestic gas will be supplied by: (a) mains service [ ] (b) bottled gas cylinders [ ] (c)
52	D	Medical gases will be required: (a) piped in the ECT suite [ ] (b) mobile (SPECIFY): _____ (c)
52	E	Medical vacuum will be required: (a) piped in ECT suite [ ] (b) mobile (SPECIFY): _____ (c)
	F	Drinking water must be available: (a) in pantries/serveries [ ] (b) in clean utility areas [ ] (c) at all cold taps [ ] (d)
26A,43, 52,58	G	Mechanical ventilation will be required in: (a) treatment areas [ ] (b) day spaces designated for smoking [ ] (c) bathrooms and WCs [ ] (d)
	H	Fire alarms, smoke doors and fire fighting equipment will be provided: (a) in accordance with the Whole Hospital Fire Policy [ ] (b) in accordance with decisions made by the architect, engineer and local fire authority officer [ ] (c)

16. ENVIRONMENTAL CONSIDERATIONS

Earlier decision | Ref

16. INTERNAL ENVIRONMENTAL CONSIDERATIONS

A Particular attention should be paid to:
(a) the overall effect of the environment on patients and staff [ ]
(b) the creation of a homely and relaxed atmosphere, by good design and appropriate non-institutional lighting [ ]
(c) the fixtures and fittings and furnishings should be hardwearing and tamperproof, yet as domestic as possible [ ]
(d) the need to ensure that both noisy and quiet activities can be catered for by appropriate planning and sound attention [ ]
(e) the ability of patients to be able to orientate themselves without difficulty [ ]
(f) the provision of adequate non-institutional signposting and means of identification [ ]
(g) the shape and appearance of rooms [ ]
(h) the provision of adequate daylight and natural ventilation compatible with safety [ ]
(i) the provision of suitable heating and adequate temperature controls (for the type of patient and energy conservation [ ]
(j) all relevant statutes, codes and standards at all stages [ ]
(k) fire and safety strategy [ ]
(l) safety and security [ ]
(m) privacy and dignity of patients [ ]
(n) the effects of accidental damage [ ]
(o)

B The design of the accommodation must take into account the need for economy in all aspects including:
(a) space provision [ ]
(b) staff utilisation [ ]
(c) energy consumption [ ]
(d) maintenance costs [ ]
(e) running costs [ ]
(f) revenue costs [ ]
(g)

C Internal rooms should only be used for:
(a) supporting service rooms [ ]
(b) spaces infrequently occupied [ ]
(c) spaces demanding a controlled environment [ ]
(d)

16. ENVIRONMENTAL CONSIDERATIONS (contd.)

Earlier decision | Ref

16. INTERNAL ENVIRONMENTAL CONSIDERATIONS (contd.)

A Internal environmental features that will require consideration in accommodation provided for elderly patients with mental illness include:

(a) fittings and furnishings should be hardwearing and tamper-proof, yet as domestic as possible [ ]
(b) careful choice of fixed and loose fittings and equipment to prevent accidental injury [ ]
(c) floor coverings should be slip-resistant, soft in patient areas, with bold and simple patterns [ ]
(d) noise generating rooms should be sited away from bedrooms [ ]
(e) distinctive colour coding for soft furnishings and distinguishing features (such as a motif for each bedroom, colours for WC doors, provision of large notices) can help patients to orientate themselves [ ]
(f) natural lighting should be used in all rooms used by patients or staff [ ]
(g) illumination should avoid sudden changes of level, and night illumination must be provided [ ]
(h) steps should be avoided if possible [ ]
(i) ramps, etc. should conform to BS 5810 [ ]
(j) handrails should be provided on long runs of walls, in circulation areas and round corners [ ]
(k) handrails should have an obvious end point and be anti-static [ ]
(l)

B Ventilation should be:

(a) natural if possible, where appropriate [ ]
(b)

C Mechanical ventilation will be required in:

(a) day spaces [ ]
(b) WC facilities/bathrooms [ ]
(c) kitchen/utility areas [ ]
(d)

D Radiators should be:

(a) firmly fixed as patients may use them as a support [ ]
(b) suitably protected [ ]
(c) thermostatically controlled, not to exceed 50° [ ]
(d)

DESIGN BRIEFING SYSTEM

Part 2

This part of the document should be used when all the decisions in Part 1 have been completed, to select and record suitable activity spaces for the project. Whilst an activity space can be equated with a room, it may also be an unenclosed space such as a bay or corridor.

It is recommended that a sub-group of the planning team should select the activity spaces and related data sheets outside the main meeting so that sufficient time is available to thoroughly check the implication of planning decisions taken in Part 1.

COMPLETING PART 2

The activity spaces likely to be required have been divided into suitable groups of accommodation (e.g. SANITARY FACILITIES). References are provided in the "Earlier decision" column to decisions in Part 1 which may have an effect on the activity space chosen. Activity spaces are selected using the existing bank of D.H.S.S. activity data sheets ("A" sheets), which may require modification to suit particular projects, or new "A" sheets may be generated.

The reference letter and number of "A" sheets, from which a choice may be made, should be recorded in the column (e.g. Disposal - Y0603). The number of activity spaces required should be entered in the "No." column. The "locational relationship" column should be used to state any important locational relationships within the department, either by ticking those already entered or adding new statements.

When all activity spaces have been chosen for each group, the whole of Part 2 should be reviewed, in its entirety, to enable the planning team to rationalise any over-provision or reconsider areas that may be shared, e.g. sharing of facilities between sections or sub-departments.

The schedule of activity spaces and data sheets may be typed directly from the completed Part 2, including any guidance the team may decide to include to assist designers.

DESIGN BRIEFING SYSTEM

MENTAL ILLNESS

Part 2

SCHEDULE OF ACTIVITY SPACES

MAIN ENTRANCE	104
DAY HOSPITAL	105 - 108
IN-PATIENT WARD	109 - 110
BED-ANNEX WARD	111 - 112
ECT SUITE	113
OUT-PATIENT CLINIC ACCOMMODATION	114
ADMINISTRATIVE SUITE	115
DAY HOSPITAL FOR ELDERLY PEOPLE WITH MENTAL ILLNESS	116 - 119
SELF CONTAINED IN-PATIENT WARD FOR ELDERLY PEOPLE WITH MENTAL ILLNESS	120 - 122

(Note: This information is presented simply as titles of appropriate activity spaces which may be required. Some activity data sheet numbers are not yet available until work on the revised HBN is completed.)

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	104	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		MAIN ENTRANCE			
8	A	ENTRANCE			
10	B	BAY, EQUIPMENT/PARKING			
11					
14	C	RECEPTION			Facing entrance
	D	MAIN WAITING (_____PERSONS)			At main entrance
13,14F,G	E	MEDICAL RECORDS			Adjacent to reception
98E	F	TELEPHONE BOOTH			
	G	CLOAKROOM (PATIENTS)		M1/12	Close to reception
12A-C	H	CLOAKROOM (PATIENTS)		M1/7	" " "
14H					
	I	ASSISTED W.C. (PATIENTS)		V1217	Adjacent to main entrance
24	J	STAFF CHANGING - MALE			
	K	STAFF CHANGING - FEMALE			
	L	STAFF SHOWER			
	M	STAFF W.C. - MALE			
	N	STAFF W.C. - FEMALE			

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		DAY HOSPITAL - _____ PLACES			
15,		OCCUPATIONAL THERAPY -			
17,18,	A	CLEAN/DIRTY WORK AREA		Q0505	
25B	B	CLEAN WORK AREA		Q0410	
	C	DIRTY WORK AREA		Q0216	
	D	WORKSTORE		W1109	
		ACTIVITIES OF DAILY LIVING			
15					
19,25B	E	KITCHEN		M1/5	
	F	KITCHEN		Q0114	
	G	LAUNDRY/BEAUTY/HAIRDRESSING		Q0115	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	106	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		DAY HOSPITAL - PLACES (contd)			
		SITTING, GROUP THERAPY			
17,22,25B	A	SITTING/GROUP THERAPY		D1114	
	B	QUIET SITTING		H0507	
	C	PHYSIOTHERAPY AREA		M1/9	
26	D	TREATMENT/CLEAN UTILITY			

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		DAY HOSPITAL - _____ PLACES (contd)			
		DINING & SERVERY			
20, 21	A	DINING ROOM		D0605	Associated with sitting area
	B	DINING ROOM		D0606	" " " "
	C	PANTRY		P0610	
	D	PANTRY		M1/10	
		RECREATION			
15, 16	E	ACTIVITIES STORE		W1109	
	F	ACTIVITIES AREA		M1/8	
	G	ACTIVITIES/PHYSIOTHERAPY AREA		M1/6	
		OFFICES			
23	H	STAFF OFFICE (RECEPTION)		J0411	
	I	OCCUPATIONAL THERAPISTS OFFICE		M0308	
	J	OCCUPATIONAL THERAPISTS/PHYSIOTHERAPISTS		C0208	
	K	ASSESSMENT/OFFICE (PHYSIOTHERAPY		C0208	
		STAFF FACILITIES			
24, 25	L	CLOAKROOM		V0504	
	M	W.C.		V1008	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	108	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		DAY HOSPITAL - _____ PLACES (contd)			
		SANITARY FACILITIES & UTILITIES			
	A	W.C. HANDRINSE - MALE PATIENTS		V1109	
	B	W.C. HANDRINSE - FEMALE PATIENTS		V1109	
	C	W.C. ASSISTED			
27,95	D	DISPOSAL ROOM			Access to hospital street
		STORAGE			
27F,G	E	CLEANERS ROOM			Near main entrance
28B	F	SWITCH ROOM		K0101	
12A,B	G	CLOAKROOM BAY - PATIENTS		M1/7	
28,97	H	STORAGE		W1106	
	I	BULK STORAGE		W1417	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	109	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		IN-PATIENT WARD - ____BEDS(SELF CONTAINED)			
		BEDROOMS			
6,30,31	A	MULTI-BED ROOM - 2 BEDS		B0605	
	B	- 4 BEDS		B0604	
	C	- 5 BEDS		M1/1	Near staff base
	D	- ___BEDS			" " "
33C	E	SINGLE BEDROOM & W.H.B.		B0506	" " "
		DAY SPACE			
	F	SITTING ROOM		D111	Within easy reach of staff base
	G	QUIET ROOM		Q0116	" " " " " "
33	H	DINING ROOM		D0606	" " " " " "
33	I	PANTRY		P0610	
	J	STAFF BASE		T0106	With view of entrance and patients' movements
35,36	K	STAFF OFFICE (RECEPTION)		J0411	
	L	OFFICE		M0708	
38	M	CLEAN UTILITY		T0604	Adjacent to staff base
	N	DIRTY UTILITY		Y0308	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	110	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		IN-PATIENT WARD - (SELF CONTAINED) contd.			
34	A	PATIENTS' - W.C./W.H.B.		V1109	Readily accessible from bed areas adjacent to each other
	B	- ASSTD SHOWER, W.C., W.H.B.		V1613	Readily accessible from bed areas adjacent to each other
	C	- ASSTD BATHROOM, W.C., W.H.B.		V1717	Readily accessible from bed areas adjacent to each other
	D	- DOMESTIC BATH, W.C., W.H.B.		V1715	Readily accessible from bed areas adjacent to each other
38F,G	E	PATIENTS' UTILITY		Y0503	
	F	PATIENTS' STORE		W1418	
39B	G	EQUIPMENT STORE		W1407	
	H	BULK STORE		W1417	
39C	I	LINEN SUPPLIES		W1419	
38H	J	CLEANERS' ROOM		Y1501	
38A,95	K	DISPOSAL ROOM		Y0603	
37	L	STAFF CLOAKROOM		V0504	
	M	STAFF W.C.		V1008	
39E	N	SWITCH CUPBOARD		K0101	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	111	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		BED-ANNEX WARD (BEDS)			
		BEDROOMS			
6,41	A	MULTI-BED ROOM 2 beds		M1/2	
42	B	4 beds		B0604	
	C	5 beds		M1/1	
	D	__ beds			
	E	SINGLE BEDROOM WITH W.H.B.		B0506	
		DAY SPACE			
44C	F	QUIET ROOM		Q0116	
46,47	G	STAFF BASE		T0106	
46,47	H	STAFF OFFICE (RECEPTION)		J0411	
	I	CLEAN UTILITY		T0604	
49B-E	J	DIRTY UTILITY		Y0308	
49H		CLEANERS' ROOM		Y1501	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	112	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		BED-ANNEX WARD (BEDS)			
45	A	PATIENTS' - W.C./W.H.B.		V1109	
	B	- ASSTD. SHOWER,W.C., W.H.B.		V1613	
	C	- ASSISTED BATH		V1717	
	D	- DOMESTIC BATH		V1715	
49F,G	E	PATIENTS UTILITY		V0503	
	F	PATIENTS' STORE		W1418	
	G	EQUIPMENT STORE		W1407	
	H	BULK STORE		W1417	
50C	I	LINEN SUPPLIES		W1419	
50D	J	SWITCH CUPBOARD		K0101	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	113	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		E.C.T. SUITE			
51	A	RECEPTION/WAITING SPACE			
	B	ASSISTED W.C. AND HANDRINSE			Adjacent to reception/waiting. Adjacent to recovery rooms, with access to treatment room.
51	C	ANTE-ROOM			
51B,52	D	TREATMENT ROOM			
51B,54	E	DIRTY UTILITY			
53	F	RECOVERY ROOM - Recumbent patients			Adjacent to treatment room with access to ante-room.
	G	RECOVERY ROOM - Ambulant patients			
53C	H	BEVERAGE POINT			

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	114	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		OUT-PATIENT CLINIC ACCOMMODATION			
55	A	CLINIC RECEPTION POINT			
55	B	WAITING			Not directly outside consulting room
	C	CONSULTING/EXAMINATION ROOM			
57	D	CONSULTING ROOM - CLINICAL PSYCHOLOGY			
	E	PSYCHOLOGY ASSESSMENT ROOM			
	F	OFFICE (SOCIAL WORKER)			
57E/F	G	INTERVIEW ROOM (GENERAL PURPOSE)			
58	H	TREATMENT/CLEAN UTILITY ROOM			
59B,C	I	DIRTY UTILITY ROOM			
56A	J	PATIENTS ASSISTED W.C.			Adjacent to dirty utility
62	K	STAFF W.C.			
60	L	STORAGE			
59D	M	CLEANERS' ROOM			
59E	N	DISPOSAL ROOM			
60D	O	SWITCH CUPBOARD			

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	115	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		ADMINISTRATIVE SUITE			
61	A	ADMINISTRATIVE OFFICE			Adjacent to consultants office
	B	CONSULTANTS' OFFICE			
63,64	C	CLINICAL PSYCHOLOGISTS' OFFICE			
	D	SENIOR REGISTRARS' OFFICE			
	E	SENIOR NURSE'S OFFICE			
	F	CLINICAL TUTOR			
63B,F	G	SECRETARIAL OFFICES - 2 PLACES			
64	H	- 3 PLACES			
	I	- 4 PLACES			
	J	- 5 PLACES			
	K	- 6 PLACES			
	L	- PLACES			
63B	M	OFFICE - COMMUNITY PSYCHIATRIC NURSING STAFF			
63B	N	OFFICE - VOLUNTARY WORKERS			
63C	O	SUB-WAITING			
	P	STORE - STATIONERY AND PROCESSING			
63D	Q	STAFF W.C. AND HANDRINSE			

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	116	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		DAY HOSPITAL FOR ELDERLY PEOPLE WITH			
		MENTAL ILLNESS - PLACES			
		MAIN ENTRANCE			
65,66,69	A	ENTRANCE			
	B	RECEPTION/RECORDS			
	C	MAIN WAITING			
	D	PATIENTS' ASSISTED WASHROOM & W.C. - MALE			
		- FEMALE			
79B	E	STAFF CHANGING			
79D	F	STAFF W.C.			

Decisions

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		DAY HOSPITAL FOR ELDERLY PEOPLE (contd)			
70,71	A	OCCUPATIONAL THERAPY AREA			
72,73	B	OCCUPATIONAL THERAPY/PHYSIOTHERAPY			
	C	BEDROOM			
74A-D	D	KITCHEN		M1/5	
	E	UTILITY/LAUNDRY ROOM			
74E	F	HAIRDRESSING/BEAUTICIANS ROOM		Q0115	
77	G	SITTING/GROUP THERAPY		D1114	
	H	SITTING ROOM - QUIET		H0507	
75	I	DINING ROOM		D0605 D0606 D0610	
75G/H,76	J	PANTRY		M1/10	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	118	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship	✓
		DAY HOSPITAL FOR ELDERLY PEOPLE (contd)				
	A	OFFICES				
	B	CONSULTANT				
78	C	DOCTORS				
	D	NURSING OFFICER				
	E	SISTER/CHARGE NURSE				
	F	OCCUPATIONAL THERAPIST/PHYSIOTHERAPIST				
	G	COMMUNITY NURSES				
	H	SOCIAL WORKERS				
	I	INTERVIEW ROOM				
78B,79C	J	STAFF/SEMINAR ROOM				
81	K	TREATMENT/CLEAN UTILITY				

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	119	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		DAY HOSPITAL FOR ELDERLY PEOPLE (contd)			
	A	W.C. AND HANDRINSE - MALE PATIENTS			
	B	- FEMALE PATIENTS			
81C	C	BATHROOM/TREATMENT, ASSISTED			
	D	BATHROOM/PATIENT, WITH W.C.			
	E	ASSISTED SHOWER AND W.C.			
81A,B	F	CLEAN UTILITY ROOM			
66,82B	G	DIRTY UTILITY ROOM			
82	H	DISPOSAL ROOM			
	I	LINEN AND CLOTHING STORE			
83	J	GENERAL STORE			
82F	K	CLEANERS' ROOM			
83B	L	SWITCH CUPBOARD			

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	120	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		SELF CONTAINED IN-PATIENT WARD FOR ELDERLY PEOPLE WITH MENTAL ILLNESS _____BEDS			
86	A	MULTI-BED ROOM - 4 BEDS (DIVAN)		B0604	
	B	- 4 BEDS (KF BED)		B0606	
	C	- 5 BEDS		M1/1	
	D	-_____BEDS			
85D,E	E	SINGLE BEDROOM WITH W.H.B.		B0506	
	F	SITTING ROOM - LARGE			
87B	G	QUIET ROOM		Q0116	
	H	RECREATION ROOM			
	I	PATIENTS' SITTING ROOM/RELATIVES			
	J	ADL FACILITIES			
88	K	DINING ROOM		D0610	
	L	WARD PANTRY		P0610	
90	M	STAFF BASE		T0106	
84	N	STAFF OFFICE (RECEPTION)		J0411	
90	O	OFFICE		M0708	
90	P	DOCTORS OFFICE		M0308	

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	121	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		IN-PATIENT WARD FOR ELDERLY PEOPLE (contd)			
89	A	PATIENTS' - W.C. WITH W.H.B.		V1109	
	B	- ASSISTED BATH AND W.C.		V1708	
	C	- DOMESTIC BATHROOM AND W.C.		V1715	
	D	- ASSISTED SHOWER/W.C./W.H.B.		V1612	
	E	EQUIPMENT/SUPPLIES STORE		W1407	
94	F	PATIENTS' STORE		W1418	
	G	LINEN SUPPLIES		W1419	
	H	BULK STORE		W1417	
	I	CLEAN UTILITY		T0604	
93B	J	DIRTY UTILITY		Y0308	
82	K	DISPOSAL ROOM		Y0603	
93H	L	CLEANERS ROOM		Y1501	
93F,G	M	PATIENTS' UTILITY		Y0503	
	N	RELATIVES/VISITORS' WAITING AREA			

Planning unit/dept	Page	Design Briefing System	Decisions
PSY	12.2	MENTAL ILLNESS	

Earlier decision	Ref	Activity Space	No.	A sheet	Locational relationship
		IN-PATIENT WARD FOR ELDERLY PEOPLE(contd)			
92	A	STAFF CHANGING		V0504	
92	B	STAFF W.C.		V1008	
94E	C	SWITCHROOM		K0101	

PLEASE SEE OVERLEAF -- -- -- -- -- -- -- -- -- -- -- -- -- -- -- →

2 SCOPE OF SERVICE AND WORKLOAD (contd.)

The assessment and short-term treatment facility for elderly mentally ill people must be provided on the site of a DGH as the assessment of elderly people requires the use of other hospital departments and direct liaison with the geriatric department.
(HBN, para. 2.4)

The unit for mentally ill adults provides a service for patients requiring admission for assessment and short-term treatment. It is not intended that "new long-stay" or "old long-stay" patients should be accommodated here as in-patients. The unit should be easily accessible to the community it serves and functionally related to the DGH, though it could be located elsewhere in the district, if this is thought desirable or feasible.
(HBN, para. 2.3)

Earlier decision | Ref

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

A The accommodation provided for the adult acute mentally ill will include:
(a) a day hospital [✓]
(b) in-patient wards [✓]
(c) electro-convulsive therapy [✓]
(d) out-patient accommodation [✓]
(e) administration [✓]
(f)

B The accommodation provided for the elderly with mental illness will include:
(a) day hospital [ ]
(b) in-patient assessment and short-term treatment ward [ ]
(c)

C Paramedical services provided will include:
(a) clinical psychology [✓]
(b) physiotherapy [✓]
(c) occupational therapy [✓]
(d) social services [✓]
(e)

SPECIFIC EXCLUSIONS

D The unit will not provide special facilities for:
(a) long-stay adult patients [✓]
(b) long-stay elderly patients [✓]
(c)

EXAMPLES OF WAYS IN WHICH A SECTION OF A BRIEF COULD BE TYPED FROM THE OPTIONS PAGE ABOVE

Options selected - typed directly from DBS page 3

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

A. The accommodation provided for the adult acute mentally ill will include:
   (a) a day hospital
   (b) in-patient wards
   (c) electro-convulsive therapy
   (d) out-patient accommodation
   (e) administration

C. Paramedical services provided will include:
   (a) clinical psychology
   (b) physiotherapy
   (c) occupational therapy
   (d) social services

SPECIFIC EXCLUSIONS

D. The unit will not provide special facilities for:
   (a) long-stay adult patients
   (b) long-stay elderly patients

Options selected - narrative form:

2. SCOPE OF SERVICE AND WORKLOAD (contd.)

The accommodation provided for the adult acute mentally ill will include a day hospital, in-patient wards, electro-convulsive therapy, out-patient accommodation and administration. 3A

Paramedical services provided will include clinical psychology, physiotherapy, occupational therapy and social services. 3C

SPECIFIC EXCLUSIONS

The unit will not provide special facilities for long-stay adult patients or long-stay elderly patients. 3D

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